

9000258336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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S. YOUNG

# COVER LETTER

Registration Section  
Division of Corporations

Gulf Coast Gel Team, LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

All correspondence concerning this matter to the following:

Beth Thomas

Name of Person

Gulf Coast Gel Team LLC

Firm/Company

114 Lakeview Dr.

Address

North Port, FL 34287

City/State and Zip Code

bethmay30th@yahoo.com

E-mail address: (to be used for future annual report notification)

Information concerning this matter, please call:

Beth Thomas

Name of Person

at (941)

Area Code

524-8043

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                     |   |   |  |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|-------------------------------------|---|---|--|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Gulf Coast Gel Team, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/14/2019 and assigned  
document number L19000258336

This document is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

Pathway to Living Well, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal offices address, if applicable:

office address MUST BE A STREET ADDRESS

Mailing address, if applicable:

address MAY BE A POST OFFICE BOX

Changing the registered agent and/or registered office address on our records, enter the name of the new registered  
agent or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the  
requirements of all statutes relative to the proper and complete performance of my duties, and I am familiar with and  
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is  
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability  
company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_ ☐ Change

Adding any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

If the filing specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of filing.

December 22, 2019

Beth Thomas

Signature of a member or authorized representative of a member

Beth Thomas

Typed or printed name of signee