

L70 0000 47959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900341512599

03/09/20--01021--002 **25.00

FILED
CLERK OF STATE
CORPORATIONS
20 MAR -9 PM 2:28

Amund

MAR 24 2020

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GSA HEALTHY START LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ADAM G. WASCH
Name of Person

WASCH RAINES LLP
Firm/Company

2500 N. MILITARY TRAIL, SUITE 303
Address

BOCA RATON, FLORIDA 33431
City/State and Zip Code

awasch@waschraines.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam G. Wasch at (561) 693-3231
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2011 MAR -9 PM 2:28

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GSA HEALTHY START LLC

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

2014 MAR -9 PM 12:29
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 11, 2020 and assigned
Florida document number L20000047959.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GISELE P. DENNIS	971 SW 111 WAY	<input type="checkbox"/> Add
		DAVIE, FL 33324	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JORGE MANUEL C SERRA MES	212 WARREN STREET	<input type="checkbox"/> Add
		NEW YORK, NY 10282	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SUSANA LOBO	212 WARREN STREET	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10282	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

