

L20000076428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

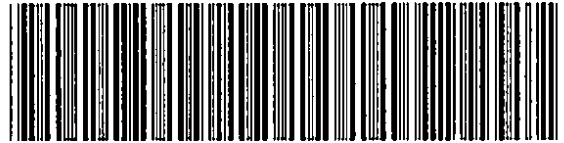
(Business Entity Name)

(Document Number)

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2021 MAR 11 PM 4:03
FILING OFFICE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pines to Palms Geriatric Care Management, 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:

Principal Address:
11373 67th Ave.
Seminole, FL 33772

Malissa Harris

Name of Person

Pines to Palms Geriatric Care Management, LLC
Firm/Company

P.O. Box 8709

Mailing Address

Seminole, FL 33775

City/State and Zip Code

MBSAVESKI@gmail.com

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

For further information concerning this matter, please call:

Malissa Harris

Name of Person

at (586) 292-1221

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: A check has already been mailed to you for the

☐ \$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)

fallowing.
still should be
valid, please

let me know if it's
void & I will resend
check.

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**

Pines to Palms Genetic Care Management, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/9/2020 and assigned
Florida document number L20000076428.

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

MGR = Manager
AMBR = Authorized Member

[illegible]

2021 MAR 11 PM 4:03
FALL, M. 1000 0000

2021 MAR 11 PM 4:03

12/31/2020 was original effective date when first
previously within 90-
Pursuant to 605.0207 (3)(b) window
this date will not be listed as the
before was returned
to me. (S)

Dated 6/4/2021, 2:00 pm

Malissa Harris
Typed or printed name of signee

Please call me at 586-292-1221 for any questions including effective date as I cannot get through to you on phone.