

K2C 0000 100 502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 12 2022
S. PRATHER
ALLAHASSEE, FLORIDA

2022 SEP 12 PM 1:51

FILED

SEP 12 2022
S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMW I CARE Support Service LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. *And Manager*
Genora m Benton
Please return all correspondence concerning this matter to the following:

Genora m Benton
Name of Person

GMW I CARE Support Service LLC
Firm/Company

10209 N 22nd St
Address

Tampa FL 33612
City/State and Zip Code

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

For further information concerning this matter, please call:

Genora m Benton at (813) 607-1518
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2022

GMW I CAREE SUPPORT SERVICE LLC
10209 N 22ND ST
TAMPA, FL 33612

SUBJECT: GMW I CARE SUPPORT SERVICE LLC
Ref. Number: L20000100502

We have received your document for GMW I CARE SUPPORT SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to add a Manager to the LLC, you have completed the wrong forms. Enclosed is the correct forms to file with our office

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 022A00019370

RECEIVED
2022 SEP 12 AM 11:22
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GMW I Care Support Service 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:

Genora Michelle Benton
Name of Person

GMW I Care Support Service LLC
Firm/Company

10209 N 22nd St
Address

Tampa FL 33612
City/State and Zip Code

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

For further information concerning this matter, please call:

Genora M Benton at (813) 607-1518
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)

I already sent the money

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

GMW I Care Support Service 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 04/10/2020 and assigned
Florida document number L20000100502

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)

10209 N 22nd St
Tampa FL 33612

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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:

Genora Michelle Benton

New Registered Office Address:

10209 N 22nd St

Enter Florida street address

Tampa FL

City

Florida 33612

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I got married NO longer

Genora Michelle Walker (old name)

E. 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

9/3/22

gm

Signature of a member or authorized representative of a member

Genora Michelle Benton

Typed or printed name of signee

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2022 SEP 12 PM 1:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA