

L20 000101873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

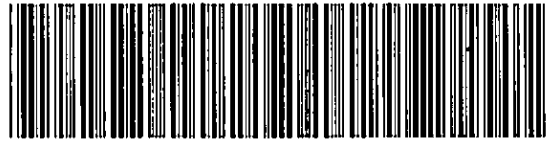
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 MAY 11 PM 6:15

FILED

Amend/cus

JUN 08 2020
I ALBRITTON

Gulf Shores Medical International LLC

May 6, 2020

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Subject: Gulf Shores Medical, LLC

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Joseph J. Flynn

Gulf Shores Medical International

1811 Englewood Rd #289

Englewood, Fl. 34223

jflynn064@gmail.com

For further information regarding this matter, please call

Joseph J. Flynn at (949) 244-7200

Enclosed is a check for \$30 for the Filing and Certificate of Status fees

Sincerely,

Joseph J. Flynn

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

Gulf Shores Medical International, 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 April 13, 2020 and assigned
Florida document number L20000101873

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)

1811 Englewood RD. #289
Englewood, FL 34223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1811 Englewood RD #289
Englewood, FL 34223

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

City

Florida

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

[illegible]

(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 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 May 6, 2020.

Signature of a member or authorized representative of a member

Typed or printed name of signee