

h20000225504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

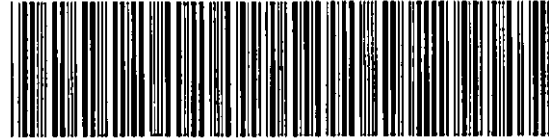
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

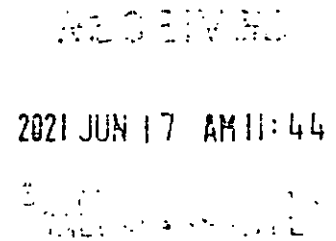


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2021 APR 21 PM 1:59

6/2/21 2



Division of Corporations - P O BOX 6327 -Tallahassee Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Villa 922 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:

Scott Garbell

Name of Person

Firm/Company

471 Ft Pickens Rd

Address

Pensacola Beach FL 32561

City/State and Zip Code

sgarbell@yahoo.com

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

For further information concerning this matter, please call:

Scott Garbell

Name of Person

at

(850) 346-1004

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

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

Ocean Villa 922 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 8/4/2020 and assigned Florida document number L20000225804.

This amendment is submitted to amend the following:

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

Gulf Coast Mobile Medical Care LLC

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)

471 Ft Pickens Rd
Pensacola Beach, FL 32561

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

471 Ft Pickens Rd
Pensacola Beach FL 32561

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	Clyde J Patroni Jr	3 Sabine Dr	<input checked="" type="checkbox"/> Add
		Pensacola Beach FL 32561	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clyde J Patroni Sr	800 Ft Pickens Rd #104	<input type="checkbox"/> Add
		Pensacola Beach FL 32561	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[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)

Filing Fee: \$25.00

SCOTT A GARBELL
471 FORT PICKENS ROAD
PENSACOLA BEACH, FL. 32561

1300
63-1513/631

6-15-21
DATE

PAY TO THE
ORDER OF

Florida Department of State

\$ 25.00/100

Twenty five

DOLLARS Security features included. Details on back.



Fort Walton Beach, Florida 32548
L20000225804

FOR MRC Fee

Scott Garbell MP

⑆063115136⑆ 00106278 1300

DID NOT NEED
Xtra check, sent
It back 6/23/21
A