

9/15/21, 2:13 PM

Division of Corporations

L21000363816
Florida Department of State
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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH SEAS ALF CARE, L.L.C.

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STATE OF FLORIDA
TALLAHASSEE

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Handwritten signature and date 9/16/21

2021 SEP 15 11:23:39

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOUTH SEAS ALF CARE, L.L.C.

(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 08/13/2021 and assigned Florida document number L21000363816

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:

101 McAbee Court

(Principal office address MUST BE A STREET ADDRESS)

Gulf Breeze, FL 32561

Enter new mailing address, if applicable:

101 McAbee Court

(Mailing address MAY BE A POST OFFICE BOX)

Gulf Breeze, 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

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

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	JEFFREY F. TRAINA, M.D.	1245 COURT STREET	<input type="checkbox"/> Add
		CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KHALED M. GHORAB, M.D.	582 HICKORY RIDGE ROAD	<input type="checkbox"/> Add
		LEESVILLE, LA 71446	<input type="checkbox"/> Remove
		(address update)	<input checked="" type="checkbox"/> Change
MGR	KATHY TRAINA	160 FULLERTON DRIVE	<input checked="" type="checkbox"/> Add
		LEESVILLE, LA 71446	<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

