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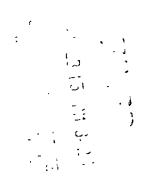
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COVER LETTER

Div	ision of Corp	ocrations			
SUBJECT:	Gateway He	althcare Solutions, LLC			
Jobate I.		Name of Lim	ited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		Bernadette Albury			
			Name of Person		
		Gateway Healthcare Solution	ons, LLC		
	Firm/Company				
		1931 North West 150th Av	enue Suite #237		
			Address		
		Pembroke Pines, FL 33028			
			City/State and Zip Code		
		brndttalbury@aol.com			
		E-mail address: (t	o be used for future annual re	port notification)	
For further in	iformation co	ncerning this matter, please ca	ill:		
Bernadette A	lbury			4419	
· · · · · · · · · · · · · · · · · · ·	Name of	Person	at () Area Code	Daytime Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Registration Section

TO:

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 22 _3 !5 171 3: 2

Gateway Healthcare Solutions, 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 Co	ompany were filed on 01/18/2022	and assigned
Florida document number L22000035118		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered
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>	Address	Type of Action
AR	Michael Pollard	1158 S.W. 123 Road Avenue	□ Add
		Pembroke Pines, FL 33025	■Remove
			□Change
			DAdd
			Remove
			Change
			
			□Remove
			□Change
			□Add
			Remove
			Change
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			Change.

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'an effective da lote: If the d	te, if other than the date is listed, the date in late inserted in this ffective date on the	nust be specific a block does not	nd cannot be price meet the appli	cable statutory	or more than 90 d filing requireme	_ (optional) ays after filing.) ents, this date w	Pursuant to 605.0207 vill not be listed as
	fies a delayed effec	tive date, but n	ot an effective	time, at 12:01 a	.m. on the earli	er of: (b) The	90th day after the
d is filed. Februar	1011	uM ha	2022) [] [<i>,</i>		
d is filed.	DUU	Mille Signature of	(D)	Lu Lunorized representa	ative of a member		

Filing Fee: \$25.00