

L220000374801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2023 JAN 23 AM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 23 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

330 CLARE DRIVE
ALLAHASSEE, FL 32309
(50) 524-5437
(50) 524-6243

LEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ \$30.00

AUTHORIZATION: 
GULFVIEW HEALTH CONSULTANTS LLC L22000374801

<u>Business Name</u>	<u>Document Number, (if known):</u>
<input type="checkbox"/> Walk in	<input type="checkbox"/> Pick up time _____
<input type="checkbox"/> Mail out	<input type="checkbox"/> Will wait <input type="checkbox"/> Photocopy

☐ Certified Copy of Articles of Merger
☒ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **PLLC**

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
Statement of Authority

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

☐ APOSTIL() _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

MINISTER'S INITIALS: _____

330 CLARE DRIVE
ALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

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OWNER'S INITIALS: ☐

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulfview Health Consultants LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following:

Susan Smiley
Name of Person

ProTurnz LLC
Firm/Company

4939 Horamar Terrace #306
Address

New Port Richey, Florida 34652
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Smiley
Name of Person

at (727) 992-7453
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

Gulfview Health Consultants 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 August 25, 2022 and assigned
Florida document number L22000374801

This amendment is submitted to amend the following:

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

ProTurnz LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

Susan Smiley (same agent)
If Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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.

Dated January 23, 2023

Susan Smiley
Signature of a member or authorized representative of a member

Susan Smiley
Typed or printed name of signee

Filing Fee: \$25.00