

# L220000462634

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : AVENTUS LAW GROUP PLLC  
Account Number : I20230000152  
Phone : (321)250-3577  
Fax Number : (321)250-3985

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GATEWAY HEALTH SOLUTIONS, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$25.00

Filed date is date of  
original submission  
Dec. 15, 2023

ST 1/4/24

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GATEWAY HEALTH SOLUTIONS 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:

GERRARD L. GRANT

\_\_\_\_\_  
Name of Person

Aventus Law Group PLLC

\_\_\_\_\_  
Firm/Company

201 E. Pine Street, Ste. 320

\_\_\_\_\_  
Address

Orlando, FL 32801

\_\_\_\_\_  
City/State and Zip Code

ggrant@aventuslawgroup.com

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

For further information concerning this matter, please call:

Gerrard L. Grant

321

250-3577

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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**

GATEWAY HEALTH SOLUTIONS LLC

2023 DEC 15 PM 3: 34

(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 10/27/2022 and assigned

Florida document number L22000462634

This amendment is submitted to amend the following:

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

ANCHORED SOLUTIONS GROUP 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)

4400 N Hwy 19A Ste 9

Mount Dora, FL 32757

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

4400 N Hwy 19A Ste 9

Mount Dora, FL 32757

**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:

Tanya Allen

New Registered Office Address:

4400 N Hwy 19A Ste 9

*Enter Florida street address*

Mount Dora

Florida

32757

*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.*

  
ID: qEGyZZVWtWwAuSyKEXtFbBDqy

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	Tanya Allen	4400 N Hwy 19A, Ste. 9	<input checked="" type="checkbox"/> Add
		Mount Dora, FL 32757	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Simone Lowman	3916 Holly Court	<input type="checkbox"/> Add
		Mount Dora, FL 32798	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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 December 20, 2023

Typed or printed name of signee

## eSignature Details

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**Signer ID:** d21fjxyxsXXgVA8cLC2DT2ta  
**Signed by:** Simone M. Lowman  
**Sent to email:** adsmedicalgroup@gmail.com  
**IP Address:** 172.56.76.96  
**Signed at:** Dec 20 2023, 11:16 am EST

**Signer ID:** gEQyZZV6HWAuSyKEXFFbBDqr  
**Signed by:** Tanya Allen  
**Sent to email:** advocateds.team@gmail.com  
**IP Address:** 172.56.75.68  
**Signed at:** Jan 2 2024, 5:35 pm EST