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Division of Corporations

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From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220

Fax Number : (800)906-9880

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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S. ROTTRIS

SEP

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. 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO CARE LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L23000390612	were filed on 08/21/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
GULF HOME CARE LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDRESS)		:5
		•
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)	4	<u></u>
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
AMBR	DR. MASON D. DRAKE	2140 W HOPE LANE	DAdd
		OAK CREEK, WI 53154	□Remove
			≡ Change
<u></u>			□Add
			□Remove
			□Change
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
			☐ Remove
		*/*** * *****	□Change
			□Add
			□Remove
			: T Change

D. If amending any other information	1, enter change(s) berc:	(Attach additional sheets, if i	necessary.)

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. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable	(0 date of tiling or more than 90 days a c statutory filing requirements,	ptional) ther filing.) Pursuant to 605.0207 (3)(1) this date will not be listed as the
the record specities a delayed effective da cord is filed.	te, but not an effective time	e, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated Septimber 15	2023		
/s/ DR. MASON D. DRAF		ed representative of a member	
	inture of a member or succoriz	ed representative in a member	
DR. MASON D. DRAKE	Typed or printed:	rame of signer	