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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

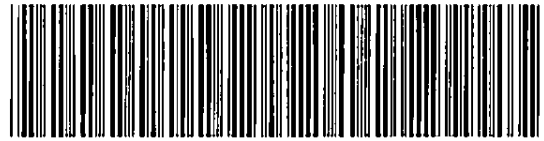
(Business Entity Name)

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GULFSIDE HOSPICE OF HILLSBOROUGH, 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:

LINDA L. WARD

Name of Person

GULFSIDE HOSPICE, INC.

Firm/Company

2061 COLLIER PARKWAY

Address

LAND O LAKES, FL 34639

City/State and Zip Code

financeadmin@gulfside.org

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

For further information concerning this matter, please call:

Linda L. Ward

813 501-8201

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

GULFSIDE HOSPICE OF HILLSBOROUGH, 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 February 09, 2024 and assigned Florida document number 1,24000074692.

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 "L.L.C." or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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24 DEC -9 PM 5:21
HILLSBOROUGH COUNTY, FLORIDA

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:

6406 Ridge Top Drive

Enter Florida street address

New Port Richey

City

Florida

34655

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Sole Member of the limited liability company is Gulfside Hospice, Inc.. Please see attached articles.

E. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 3, 2024.

Linda L. Ward

Signature of a member or authorized representative of a member

LINDA L. WARD

Typed or printed name of signer

AMENDED
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
GULFSIDE HOSPICE OF HILLSBOROUGH, LLC

ARTICLE I – Name:

The name of the Limited Liability Company is:

Gulfside Hospice of Hillsborough, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2061 Collier Parkway
Land O' Lakes, FL 34639

ARTICLE III – Divisional Status for Tax Purposes and Exemption:

For purposes of (1) tax reporting to the Internal Revenue Service, (2) Chapter 220 of the Florida Statutes in connection with the state corporate income tax provisions and (3) the clinical licensure exemption provisions of Florida Statutes Section 400.9905, Gulfside Hospice of Hillsborough, LLC (hereinafter "the Company") shall be disregarded as an entity separate from its sole Member, the Company's operations shall be treated as a branch or division of its sole Member, and the Company shall derive its tax exempt status from and through its sole Member, which is an organization that is exempt from taxation under Section 501(a) of the Internal Revenue Code as an organization described, and designated as such, in Section 501(c)(3) of the Internal Revenue Code, and which shall include, in such sole Member's own annual information returns, information pertaining to the finances and operations of the Company. For all other purposes, including but not limited to any other state corporate laws, each of the Company and the sole Member shall be deemed separate entities.

ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the Registered Agent are:

Patricia Jones, CPA
6406 Ridge Top Drive
New Port Richey, FL 34655

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Section 605.0113, F.S.



Patricia Jones, CPA

ARTICLE V - Manager(s) or Managing Member(s):

The name of the Manager is:

Linda L. Ward

The sole Member of the limited liability company is:

Gulfside Hospice, Inc.

The address of the Manager and of the sole Member is:

2061 Collier Parkway
Land O' Lakes, FL 34639



Linda L. Ward – Authorized Representative