

L23000193391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

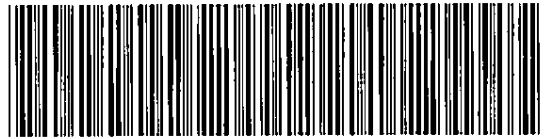
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/23--01011--019 **25.00

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2023 APR 25 PM 2:00
TALLAHASSEE, FL
STATE

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R. HUNT
04/26/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpha Healthcare Center, 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:

Josephine Adelifosi
Name of Person

Alpha Healthcare center LLC
Firm/Company

7842 Land O'lakes Blvd #175
Address

Land O'lakes FL 34638
City/State and Zip Code

gojeme3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josephine Adelifosi at (813) 841 1831
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

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
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