

L050000051732

(Requestor's Name)

(Address)

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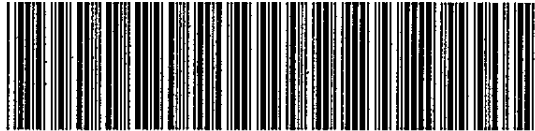
(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Of Florida Health Care 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:

Daniel R Thomas
(Name of Person)

(Firm/Company)

750 SW Main Blvd
(Address)

Lake City, FL 32025
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Thomas at (386) 754-5011
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

All Of Florida Health Care LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 5/24/2005 and assigned document number L05000051732.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

Jennifer Smith was added as Manger/Member of the LLC
436 SW Bishop AVE
Lake City, FL 32024

Dated July 13th, 2005.

Christy Thomas
Signature of a member or authorized representative of a member

Christy Thomas
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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Filing Fee: \$25.00