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STATE OF FLORIDA

S. WARREN

AUG 18 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Alpha Omega Adult Family 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:

Christiana Raphael

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

Alpha Omega Adult Family Care, LLC

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

18574 SW 55th St  
~~18674~~ SW 55th Street

\_\_\_\_\_  
Address

Miramar, Florida 33029

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

belmilot@comcast.net

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

For further information concerning this matter, please call:

Christiana Raphael

954

704-3940

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dr. if this become  
limited liability  
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Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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Dated Thursday, August 8, 1917

Signature of a member or authorized representative of a member

Typed or printed name of signee

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SOUTHERD DISTRICT OF IOWA