

LO8000031/34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

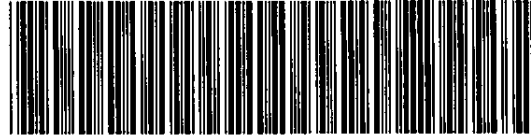
(Business Entity Name)

(Document Number)

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S. YOUNG

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACCESSREHAB 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:

Nancy Ralston

Name of Person

Accessrehab LLC

Firm/Company

6817 Southpoint Parkway, Suite 1502

Address

Jacksonville, FL 32216

City/State and Zip Code

nralston@conciergecarefl.com

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

For further information concerning this matter, please call:

Nancy Ralston

904 534-1655

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Nancy Ralston	6817 Southpoint Parkway	<input type="checkbox"/> Add
		Suite 1502	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
MGR	Greg Young	6817 Southpoint Parkway	<input type="checkbox"/> Add
		Suite 1502	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
MGR	Dave Stifter	6817 Southpoint Parkway	<input type="checkbox"/> Add
		Suite 1502	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
MGR	James Spriggs, III	6817 Southpoint Parkway	<input type="checkbox"/> Add
		Suite 1502	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
MGR	Converge Home Care OF Jacksonville, LLC	6817 Southpoint Parkway	<input checked="" type="checkbox"/> Add
		Suite 1502	<input type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL 32310
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11/01/2016 (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 November 1, 2016

Nancy Ralston
Signature of _____

Signature of a member or authorized representative of a member

Nancy Ralston, Manager of Concierge Home Care of Jacksonville, LLC

Typed or printed name of signee