

L10 000 044447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

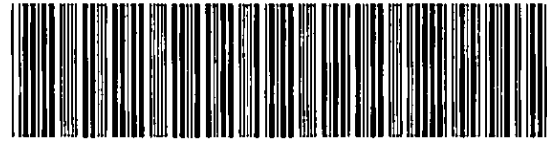
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300306393453

12/12/17--01014--002 \*\*55.00

2017 DEC 11 AM 9:03

2017 DEC 11 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
DEC 13 2017

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PROVIDERS UNLIMITED, 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:

PATRICIA COFIÑO  
Name of Person

PROVIDERS UNLIMITED, LLC  
Firm/Company

6061 COLLINS AVE #9D  
Address

MIAMI BEACH, FL 33140  
City/State and Zip Code

INFO@PROVIDERSFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA COFIÑO at (305) 505-2259  
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



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>
CO	MELINA LORZO	380 SW 79 AVE.,	<input type="checkbox"/> Add
		MIAMI, FL 33144	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADELONALLE ADELAV	2496 SW 17 AVE #1311	<input type="checkbox"/> Add
		MIAMI, FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 DEC 11 PM 2:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

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

Multiple horizontal lines for amending information.

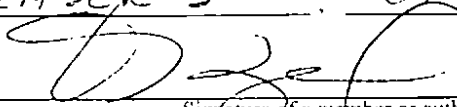
2017 DEC 11 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

E. Effective date, if other than the date of filing: N/A (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 5, 2017.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

PATRICIA COFINO  
\_\_\_\_\_  
Typed or printed name of signee