

L10000084049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

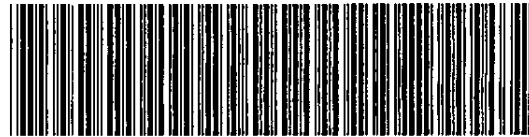
(Business Entity Name)

(Document Number)

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

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11 JAN 20 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 21 2011  
EXAMINER

## COVER LETTER

**TQ:** Registration Section  
Division of Corporations

**SUBJECT:** AMBASSADOR HEALTH SOULTIONS, 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:

KEITH W KOEHLER CPA

Name of Person

KOEHLER & COMPANY PA

Firm/Company

401 N HOWARD AVENUE

Address

TAMPA, FL 33606

City/State and Zip Code

KOEHLER@CPA-TAMPA.COM

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

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**11 JAN 20 AM 11 28**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KEITH W KOEHLER

Name of Person

at ( 813 )

250-1200

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

AMBASSADOR HEALTH SOLUTIONS, LLC

Page 1 of 2

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

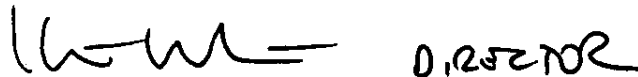
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

THERE WAS AN ERROR IN THE SPELLING OF THE COMPANY  
WHEN THE ARTICLES OF ORGANIZATION WERE ORIGINALLY FILED  
WHEREBY IT WAS SETUP AS AMBASSADOR HEALTH SOULTIONS, LLC  
INSTEAD OF AMBASSADOR HEALTH SOLUTIONS, LLC

FILED  
 11 JAN 20 AM 11:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

KEITH W KOEHLER

Typed or printed name of signee