

L11000045968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

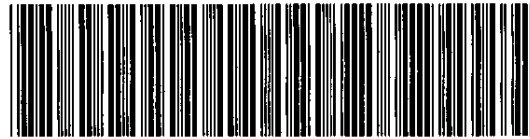
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 14 2013

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LE MEDICAL 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:

HDA LE
Name of Person

LE MEDICAL CARE, LLC
Firm/Company

5800 49th Street N suite S-204
Address

St Petersburg, FL 33709
City/State and Zip Code

JMT.LMC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Ma at (727) 525-0239
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 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

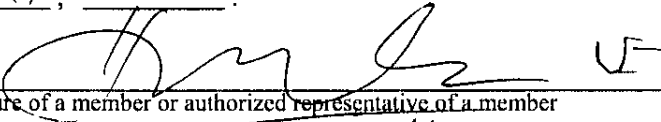
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM/ DIRECTOR/ Co-owner	TIEN MA	5800 49 th ST North Suite S-204 St Petersburg FL 33709	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA
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 Add
 Remove

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

Please add TIEN MA as
a director (co-owner) of
Le Medical Care, LLC

Dated Nov 8, 2013.


Signature of a member or authorized representative of a member

HOA LE
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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