

L12000101963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

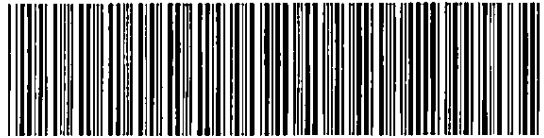
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JAN 23 2023
6:46 AM
FBI - TAMPA

RECEIVED

R. HUNT

01/23/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Hispanic Health Enterprises, 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:

Tabarc D. Tabar

Name of Person

Hispanic Health Enterprises, LLC

Firm/Company

4990 Golden Gate Pkwy

Address

Naples, Florida 34116

City/State and Zip Code

ttabar@outlook.com

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

For further information concerning this matter, please call:

Tabarc

239 331-9610
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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	Claudia J. Orduz	4990 Golden Gate Pkwy	<input checked="" type="checkbox"/> Add
		Naples, Florida 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria V. Roa	4990 Golden Gate Pkwy	<input checked="" type="checkbox"/> Add
		Naples, Florida 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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7-13-16
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HV
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2006-10-23 AM 9:49
STATE
F.L.

2023 APR 9: 49
STATE
F, FL

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00