

L1300004/439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

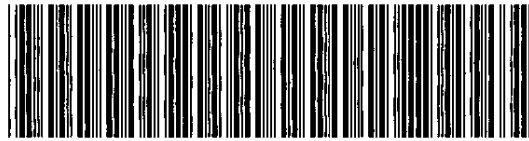
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
AUG 14 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABUELO'S HOME HEALTH 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:

LISANDRA HERNANDEZ

Name of Person

ABUELO'S HOME HEALTH CARE, LLC

Firm/Company

1248 E HILLSBOROUGH AVE STE 226

Address

TAMPA, FL 33604

City/State and Zip Code

ABUELOSHHC@GMAIL.COM

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

For further information concerning this matter, please call:

LISANDRA HERNANDEZ

813

7481704

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated AUGUST 10, 2015

LISANDRA HERNANDEZ

Typed or printed name of signee

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