

213 0000 64738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

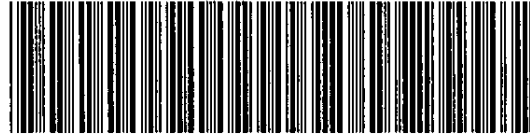
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 31 2015  
J SHIVERS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cindy's Compassionate Care Services  
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:

Jay Rosner  
Name of Person

Cindy's Compassionate Care Services  
Firm/Company

417 Narrowleaf Ct.  
Address

Royal Palm Beach, FL 33411  
City/State and Zip Code

Jayize@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Palermo at (954) 328-7547  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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>
MGR	Jay Rosner	417 Narrowleaf Ct.	<input checked="" type="checkbox"/> Add
		Royal Palm Beach, FL	<input type="checkbox"/> Remove
		33411	<input checked="" type="checkbox"/> Change
AMBR	Cynthia Palermo	417 Narrowleaf Ct.	<input type="checkbox"/> Add
		Royal Palm Beach, FL	<input type="checkbox"/> Remove
		33411	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
DEPARTMENT OF STATE  
PALM BEACH COUNTY  
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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ALLIANCE FLORIDA

E. Effective date, if other than the date of filing: August 25, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing of 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 AUGUST 25<sup>th</sup>, 2015

Signature of a member or author

JAY ROSNER

Typed or printed name of signee