

L13 0000 71526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

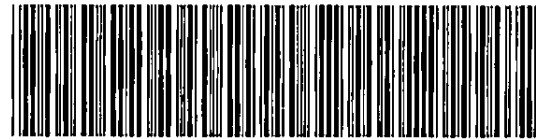
(Business Entity Name)

(Document Number)

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FILED
2019 OCT 11 PM 5:20
TALLMASSA, FL

OCT 30 2019
C. KILSE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIRANDA SKYE OAKPARK HOLDING COMPANY, 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:

ALEX JOZEFYK

Name of Person

INTERNATIONAL ALLIANCE OF HEALTHCARE EDUCATORS, INC

Firm/Company

11211 PROSPERITY FARMS RD, SUITE D-325

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

ALEX.JOZEFYK@IAHE.COM

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

For further information concerning this matter, please call:

ALEX JOZEFYK

561

622-4334

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

Page 1 of 3

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>
AMBR	UPLEDGER FAMILY TRUST DATED U-T-A 3/24/17	11211 PROSPERITY FARMS RD. #D-325	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAMCO INVESTMENTS, INCORPORATED	11211 PROSPERITY FARMS RD. #D-325	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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 OCTOBER 3 2019

[Signature] _____

Signature of a member or authorized representative of a member

ALEX JOZEFYK

Typed or printed name of signee