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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

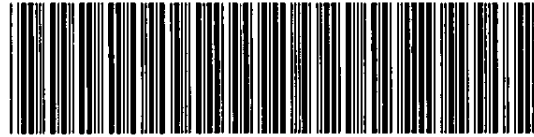
(Business Entity Name)

(Document Number)

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ALL CHASSE, FLORIDA

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APR 06 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIREJOSE, LIMITED LIABILITY COMPANY

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:

DAVID OLIVENCIA, JSM

Name of Person

PROFESSIONAL ACCOUNTING GROUP, LLC

Firm/Company

PO BOX 622521

Address

ORLANDO, FL 32862-2521

City/State and Zip Code

DAVID@PROFESSIONALACCOUNTINGGROUPLLC.COM

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

For further information concerning this matter, please call:

DAVID OLIVENCIA, JSM

at (407)

207-5509

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

LIREJOSE, LIMITED LIABILITY COMPANY

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	Central Florida Total Health Care Inc	30 Remington Rd Suite 2	<input checked="" type="checkbox"/> Add
		Oakland, FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 APR - 5 PM
SEAL ASSESS, FLORIDA

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

The membership units have been amended as follows:

Central Florida Total Health Care Services, Inc to own 100 unit in full.

17 APR - 5 PM EST
STATE OF FLORIDA
DEPARTMENT OF STATE

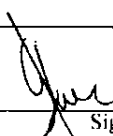
E. Effective date, if other than the date of filing: January 31, 2017 (optional)

(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 February 1, 2017



Signature of a member or authorized representative of a member

Jose A Lopez

Typed or printed name of signee