

215000091934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

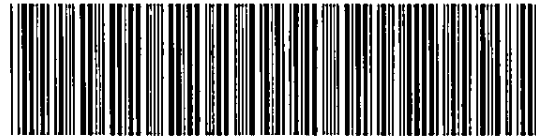
(Business Entity Name)

(Document Number)

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DIVISION OF CORP. AFFAIRS

Q SIMMONS  
SEP 18 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEGAL CARE GROUP, 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:

CRISVER CRISPIN

Name of Person

TAXCARE

Firm/Company

1400 NW, 107TH AVE. SUITE 430

Address

SWEETWATER / FLORIDA 33172

City/State and Zip Code

CRIS.CRISPIN@TAXCAREINC.COM

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

For further information concerning this matter, please call:

CRISVER CRISPIN

786 2417210  
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

LEGAL CARE GROUP, LLC

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>
MGR	GABRIELA FRANGIE	1400 NW, 107TH AVE. STE 430	<input type="checkbox"/> Add
		SWEETWATER, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS PORRAS	1400 NW, 107TH AVE. STE 430	<input checked="" type="checkbox"/> Add
		SWEETWATER, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GABRIEL HATEN	1400 NW, 107TH AVE. STE 430	<input type="checkbox"/> Add
		SWEETWATER, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	NELSON MATA	1400 NW, 107TH AVE. STE 430	<input type="checkbox"/> Add
		SWEETWATER, FL 33172	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF COURT  
JESUS PORRAS

FILED

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

N/A

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DIVISION OF CORRECTIONS

FILED

E. Effective date, if other than the date of filing: 8/28/2017 (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 AUGUST 28

2017

  
Signature of a member or authorized representative of a member

GABRIELA FRANGIE

Typed or printed name of signee