

215000091934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

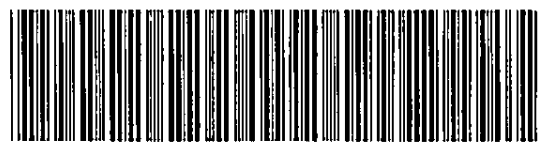
(Business Entity Name)

(Document Number)

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DIVISION OF CORP. AFFAIRS  
17 SEP 18 PM 2:46

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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



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               |
|              |                  |                             | <input type="checkbox"/> Remove            |
|              |                  |                             | <input type="checkbox"/> Change            |
|              |                  |                             | <input type="checkbox"/> Add               |
|              |                  |                             | <input type="checkbox"/> Remove            |
|              |                  |                             | <input type="checkbox"/> Change            |

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

N/A

Multiple horizontal lines for amending information.

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DIVISION OF CORPORATE AFFAIRS

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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