

LB000102289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

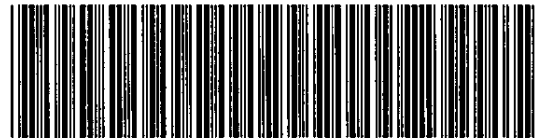
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

207

Office Use Only



200290928792

10/17/16--01013--029 **35.00

16 OCT 17 PM 3:03

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 27 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

ROSS M GREENBERG
GREENBERG LAW GROUP, PA
2883 EXECUTIVE PARK DRIVE STE 200
WESTON, FL 33331

SUBJECT: PREMIER CARE PARTNERS, LLC
Ref. Number: L15000102089

We have received your document for PREMIER CARE PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 316A00022395

16 OCT 17 PM 3:03

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Greenberg

Law Group, P.A.

ATTORNEYS AT LAW

2883 Executive Park Drive, Suite 200
Weston, Florida 33331

Ross M. Greenberg, Esq.
ross@greenberglawgrp.com

Telephone: (954) 659-8300
Facsimile: (954) 874-6161

October 21, 2016

Registration Section/Division of Corporations
Clifton Building
Attention Sheila Young
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Articles of Amendment to Articles of Organization
Of Premier Care Partners LLC

Dear Ms. Young:

Enclosed is the return of the document. Due to the sense of urgency, we preferred not to wait for the receipt of your letter. Please process as soon as possible. Thank you for your anticipated assistance.

If you need any further documentation please do not hesitate to contact me at (954)659-8300.

Very Truly Yours,

Greenberg Law Group, P.A.


By: Ross M. Greenberg, Esq.

Enc: Articles of Amendment Form- Florida Limited Liability Company

RECEIVED
2016 OCT 25 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Premier Care Partners, 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:

Ross M. Greenberg

Name of Person

Greenberg Law Group, P.A.

Firm/Company

2883 Executive Park Drive, Suite 200

Address

Weston, Florida 33331

City/State and Zip Code

ross@greenberglawgrp.com

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

For further information concerning this matter, please call:

Ross M. Greenberg

954

659-8300

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

16 OCT 17 PM 3:03

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
President	Paula Harrilal	1405 SW 107th Avenue	<input type="checkbox"/> Add
		Suite 217-C	<input checked="" type="checkbox"/> Remove
		Miami, Florida 33174	<input type="checkbox"/> Change
President	Griselle Abelairas	6100 Blue Lagoon Drive	<input type="checkbox"/> Add
		Suite 430	<input type="checkbox"/> Remove
		Miami, Florida 33126	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 OCT 17 PM 3:03

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 09/16/2016 (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 21, 2016

Ginselle Abel _____
Signature of a member

Signature of a member or authorized representative of a member

Griselle Abelairas, President

Typed or printed name of signee