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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SENIOR GOOD CARE HOME HEALTH, 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:

JORGE L ESCOBAR

\_\_\_\_\_  
Name of Person

SENIOR GOOD CARE HOME HEALTH, LIMITED LIABILITY COMPANY

\_\_\_\_\_  
Firm/Company

2700 N MACDILL AVE, STE 111

\_\_\_\_\_  
Address

TAMPA FL 33607

\_\_\_\_\_  
City/State and Zip Code

seniorgoodcarehh@gmail.com

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

For further information concerning this matter, please call:

Jorge L Escobar

813

284-5914

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

SENIOR GOOD CARE HOME HEALTH, LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA  
Not Registered Agent

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	LESSY RODRIGUEZ	14516 EMBASSY LN	<input type="checkbox"/> Add
		TAMPA FL 33613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**ONLY REMOVE LESSY RODRIGUEZ**

**E. Effective date, if other than the date of filing:** 09/28/2015 (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 \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

**JORGE L ESCOBAR**

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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