

L160000 38188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

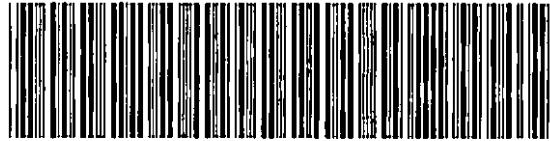
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## NORTH FLORIDA CARE SERVICES

Clarence A. Cobb Sr. Co-Owner / CEO

*Providing Excellent Health Care*

To whom this may concern:

*Please add Clarence Cobb, Sr. as Co-Owner and CEO of North Florida Care Services, LLC. Should you have additional questions, or comments, please give me a call at 904-413-2300.*

1225. W. Beaver St.

Suite 119

Jacksonville, FL 32204

Sincerely,

Felicity L. Herring

Founder/ COO

**North Florida Care Services**

1225 West Beaver St., Suite 119

Jacksonville, FL 32204

(470) 418-7610

[clarence.cobbsr@northfloridacareservices.com](mailto:clarence.cobbsr@northfloridacareservices.com)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** North Florida Care Services  
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:

Clarence A. Cobb Sr. / Felicity Herring  
Name of Person  
North Florida Care Services  
Firm/Company  
1225 West Beaver Street Ste 119  
Address  
Jacksonville, Florida 32204  
City/State and Zip Code  
Northfloridacareservices@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clarence A. Cobb Sr. at ( 470 ) 418-7610  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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>
Co-owner	Clarance A. Cobb Sr.	1225 West Beaver Street Jacksonville, Florida 32204	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Clarance A. Cobb Sr.	1225 West Beaver Street Jax, FL 32204	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		1225 West Beaver Street Jacksonville, Florida 32204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Adding Mr. Cobb as Co-owner and CEO of North Florida Care Services LLC.

**E. Effective date, if other than the date of filing:** 11/14/2019 (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.

(b) The 90th day after the record is filed.

Dated November 14, 2019

Signature of a member or authorized representative of a member

Felicity L. Herring

Typed or printed name of signee