

L160000177402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

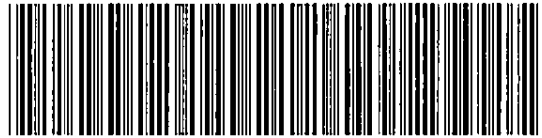
(Business Entity Name)

(Document Number)

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S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Unity Care RX, 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:

Dana Toledo

Name of Person

Firm/Company

133 Mulberry Grove Road

Address

West Palm Beach, FL 33411

City/State and Zip Code

toledodana1@gmail.com

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

For further information concerning this matter, please call:

Dana Toledo

754

264-5698

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024.07.13 PM 6:11
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-13-2024 BY 60322
and assigned to

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New 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>
Member	Dana Toledo	133 Mulberry Grove Road	<input type="checkbox"/> Add
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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October 15, 2024

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.

Dated October 15 2024

Dana Toledo

Typed or printed name of signee

2024 NOV 13 11 6:43
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