

# L16000178976

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

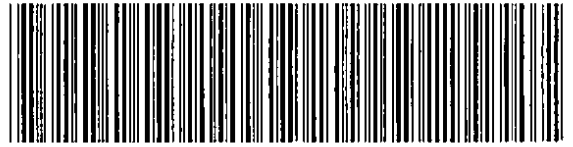
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOVA Billing and Medical Services 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:

Thelma Josephs  
Name of Person

JOVA Billing and Medical Services LLC  
Firm/Company

24252 SW 112<sup>th</sup> Court  
Address

homestead FL 33032  
City/State and Zip Code

jovabilling@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thelma Josephs at ( 305 ) 310 8345  
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

REC-3 JUN 28 PM 9:57

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>
COO	Oscar L. Josephs	24252 SW 112 <sup>m</sup> COURT	<input type="checkbox"/> Add
		homestead FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aimee Chin-Sand	24252 SW 112 <sup>m</sup> COURT	<input checked="" type="checkbox"/> Add
		homestead FL 33032	<input type="checkbox"/> Remove
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**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 JULY 24, 2023.

Thelma Josephs

Typed or printed name of signee

**Filing Fee: \$25.00**