

L16000 188490

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 13 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Optimum Care Providers 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:

Tiffany L. Ware  
Name of Person  
Optimum Care Providers LLC  
Firm/Company  
334 Daniels Pointe Dr.  
Address  
Wintergarden FL 34787  
City/State and Zip Code  
waregirl2@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany L Ware at (407) 276-4357  
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

Optimum Care Providers LLC

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>
MGR	Maldonado, Lucretia	144 First Ave	<input type="checkbox"/> Add
		Groveland Fl 32736	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2011 NOV 9 PM 3:03  
CLERK OF DISTRICT COURT  
MILWAUKEE, WISCONSIN

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

I am changing the physical address to  
334 Daniels Pointe Dr.  
Wintergarden FL 34787 and

removing mgr Lucretia Maldonado  
144 First Ave  
Groveland FL 34736

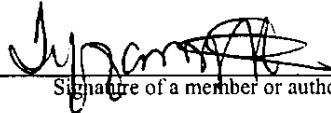
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 31<sup>st</sup> OCT, 2017.



Signature of a member or authorized representative of a member

Tiffany L. Ware owner, mgr

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA