

L170000 93169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2019 FEB 26 PM 3:39  
C. GOLDEN

C. GOLDEN

MAR - 5 2019

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** CAREFIRST ACO 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:

CRAIG ESQUENAZI

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

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

1580 SANTA BARBARA BLVD

\_\_\_\_\_  
Address

LADY LAKE, FL 32159

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

CESQUO@GMAIL.COM

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

For further information concerning this matter, please call:

CRAIG ESQUENAZI

954  
at ( )

817-2035

\_\_\_\_\_  
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

**FILED**

CAREFIRST ACO LLC

W. L. HASSELL, JR.

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          | KHANNA, DINESH | 1580 SANTA BARBARA BLVD<br>LADY LAKE , FL 32159 | <input type="checkbox"/> Add               |
|              |                |   | <input checked="" type="checkbox"/> Remove |
|              |                |   | <input type="checkbox"/> Change            |
| MGR          | KHANNA, TRISHA | 1580 SANTA BARBARA BLVD<br>LADY LAKE , FL 32159 | <input checked="" type="checkbox"/> Add    |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |
|              |                |   | <input type="checkbox"/> Add               |
|              |                |   | <input type="checkbox"/> Remove            |
|              |                |   | <input type="checkbox"/> Change            |

[illegible]

(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)

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

2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee