

L17 000183451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2019 APR 29 A 3:06

FILED

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MAY 10 2019

United Health Group and Associates LLC
Elise Barthelemy
6001 Vineland Rd. Suite 112
Orlando, FL 32819

April 25, 2019

Division Of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2019 APR 29 A 3:06
TALLAHASSEE, FLORIDA

Dear Division Of Corporations :

This letter is to inform you that on 04/11/2019, I created a new LLC under the name of UNITED HEALTH GROUP AND ASSOCIATES L.L.C. , Document Number L19000100475, instead of creating the new company, I should have requested an amendment to the one that I already had, REGIONS ALL CARE CENTER, LLC. Document Number L17000183451.

In this letter, I am requesting to please dissolve the UNITED HEALTH GROUP AND ASSOCIATES L.L.C. , Document Number L19000100475 and enclosed please find the amendment application for the REGIONS ALL CARE CENTER, LLC. Document Number L17000183451. If you have any questions, please give me a call 407-580-7431.

Thank you so much

Sincerely,



Elise Barthelemy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGIONS ALL CARE CENTER, 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:

ELISE BARTHELEMY

Name of Person

UNITED HEALTH GROUP AND ASSOCIATES LLC

Firm/Company

6001 VINELAND RD SUITE 112

Address

ORLANDO, FL 32819

City/State and Zip Code

BELLEDEJOUR01@YAHOO.COM

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

For further information concerning this matter, please call:

ELISE BARTHELEMY

407

580-7431

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2018 APR 29 A 3:05
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REGIONS ALL CARE CENTER, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 08/28/2017 and assigned
Florida document number L17000183451.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UNITED HEALTH GROUP AND ASSOCIATES LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6001 VINELAND ROAD SUITE 112

ORLANDO, FLORIDA 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6001 VINELAND ROAD SUITE 112

ORLANDO, FLORIDA 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida N/A

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

N/A
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>
	N/A	N/A	<input type="checkbox"/> Add
			<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

FILED
2013 SEP 2
TALLAHASSEE, FLORIDA

2018 APR 29 A 3 06
TALLAHASSEE, FLORIDA

FILED
2019 APR 29 A 3:06
FBI - TAMPA
TAMPA, FLORIDA

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 APRIL 2019

ELISE BARTHELEMY

Typed or printed name of signee