

L18000012274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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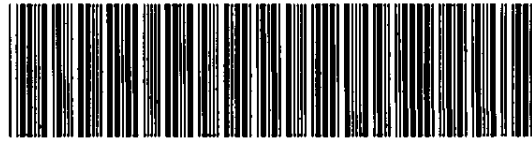
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/21/18 DS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ULTIMATE HEALTHCARE 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:

Marsha Miller

Name of Person

ULTIMATE HEALTHCARE, LLC

Firm/Company

P O Box 12305

Address

Jacksonville, FL 32209

City/State and Zip Code

marsha66@ymail.com

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

For further information concerning this matter, please call:

Marsha Miller

904

234-1982

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)

*submitted check
on 03/08/18
(\$ 52.50 check #106)*

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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>
AMBR	Marsha P Miller	1583 West 18th Street	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida	<input type="checkbox"/> Remove
		32209	<input type="checkbox"/> Change
AMBR	Marquita L Walker	1583 West 18th Street	<input type="checkbox"/> Add
		Jacksonville, Fl	<input type="checkbox"/> Remove
		32209	<input checked="" type="checkbox"/> Change
AMBR	Monica L Byrd	1583 West 18th Street	<input type="checkbox"/> Add
		Jacksonville, Fl	<input type="checkbox"/> Remove
		32209	<input checked="" 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

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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 03/19/2018, 12:01am

Signature of a member or authorized representative of a member

Typed or printed name of signee

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