(Requestor's Name)	
(Address) (Address)	400314373754
(City/State/Zip/Phone #)	06/11/1801043011 ★+87.50
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	MULLI MA 1:00

M. MILLIGAN

JUL 1 1 2018



July 2, 2018

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Michelle Milligan Po Box 6327 Tallahassee, FL 32314

Subject: Total Care Plus LLC

Ref Number: L18000067146

We have applied for a Limited Partnership/Limited Liability document and sent a check in the amount of \$87.50. We were notified of this document being incorrect. We are sending the document you advised us to send in with a cost of \$55.00? We are asking you take the \$87.50 apply that to this cost and reimburse us the difference of \$32.50 to Total Care Plus and mail it to 7281 Broad St Brooksville FL 34601.

If there are further actions that need to be taken please feel free to contact myself, Roe Infuso at (352) 942-5273 or the clinic number is (352) 631-5560.

Roe Infuso Total Care Plus Office Manager





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2018

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ANDREW A. BISHAY TOTAL CARE PLUS LLC 7284 BROAD ST BROOKSVILLE, FL 34601

SUBJECT: TOTAL CARE PLUS LLC Ref. Number: L18000067146

We have received your document for TOTAL CARE PLUS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 018A00012149

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

			COVER LETTER
	Registration Se Division of Cor		
	Total Care	-	
SUBJEC			nited Liability Company
		(vanie of Emi	
The encle	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.
Please re	aum all correspo	ndence concerning this matter	to the following:
		Roe Infuso	
			Name of Person
		Total Care Plus	
			Firm/Company
		7284 Broad St	
		<u>_</u>	Address
		Brooksville FI 34601	
			City/State and Zip Code
		roe@totalcarefi.com	(to be used for future annual report notification)
For first	ar information of	oncerning this matter, please ca	
		oncerning this matter, prease to	
Roe Inf			352 942-5273 at () Area Code Daytime Telephone Number
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	t is a check for th	he following amount:	
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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	ARTICLES OF A TO ARTICLES OF O O Total Care Plus (Name of the Limited Liability Compar (A Florida Limited L	O RGANIZATION F	2011 JUL II PM 1: 38
- The Articl	es of Organization for this Limited Liability Company	were filed on 3/10/2018	and assigned
Florida do	cument number		3
	idment is submitted to amend the following: ending name, <u>enter the new name of the limited liab</u> i	lity company here:	
· · ·			
The new nat	me must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter nev	v principal offices address, if applicable:		·····
(Principal	office address MUST BE A STREET ADDRESS)		
			·
Enter nev	v mailing address, if applicable:		
	address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		,	

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:	Dr Adel Bishay	·		
New Registered Office Address:	7284 Broad St			
	Enter Flo	Enter Florida street address		
. ·	Brooksville	, Florida <u></u>		
	City	Zip Code		
	man factor and the same	· · · · ·		

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

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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.

If Changing Registered Agent, Signature of New Registered Agent

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 Title <u>Name</u> Address **Type of Action** DR. ADEL BISHAY AMBR/O 7284 BROAD ST BROOKSVILL 🖬 Add C Remove Change AMBR/O ANDREW BISHAY 7284 BROAD ST BROOKSVILL 🗟 Add C Remove Change C Remove Change 🗖 Add C Remove Change D Add D Remove - y. 2 D.Change D C.)

· ,

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
DR ADEL BISHAY 51% OWNERSHIP
ANDREW BISHAY 49% OWNERSHIP

Effective date, if other than the date of filing:

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.

JULY 11 ated	2018	• •
	ignature of a member or authorized representative of a member	2018
DR ADEL BISHAY		
	Typed or printed name of signce	ARY OF
	Page 3 of 3	
	Filing Fee: \$25.00	1:38 1:38