

L180000116521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

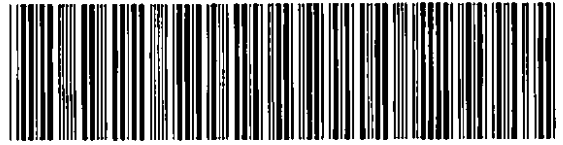
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/25/22--01002--021 **25.00

02/23/22--01001--004 **125.00

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APR 05 2022
1 ALBRITTON

RECEIVED
2022 FEB 25 PM 1:08
ALLAHASSEE, FL
FILED
2022 APR -4 AM 10:42
ALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 2/25 DANNY

CERTIFIED COPY

XX PHOTOCOPY

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XX FILING

LLC AMEND

(Morgan)

1. **AFFINITY MED-ICARE HEALTH & LIFE LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 APR -4 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 1, 2022

CORPORATE ACCESS

SUBJECT: JREAM ASSOCIATES & SERVICES LLC
Ref. Number: W22000040849

We have received your document and check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE LIST THE SURVIVING ENTITY IN THE SPACE PROVIDED ON THE FORM FOR ACCEPTANCE.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 422A00007659

Corrected



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2022

CORPORATE ACCESS

SUBJECT: JREAM ASSOCIATES & SERVICES LLC
Ref. Number: W22000040849

Corrected

We have received your document for JREAM ASSOCIATES & SERVICES LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the SURVIVING ENTITY. If the SURVIVOR is a LLC, please use the LLC Merger form.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 522A00007411

2022 MAR 31 PM 4:43

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jream Associates & Services LLC
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jody Bailey - Mason
Contact Person

Jream Associates & Services LLC
Firm/Company

1824 Honeydew ct
Address

Ocoee florida 34761
City, State and Zip Code

Jodyb-mason@jream-jewels.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jody Bailey - Mason at (407) 968-7777
Name of Contact Person Area Code Daytime Telephone Number

☒ Certified copy (optional) \$30.00

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**Articles of Merger
For
Florida Limited Liability Company**

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Affinity Med-icare Health & Life Llc	Florida	Llc
Jody P Bailey & Associates LLC	Florida	LLC

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Affinity Med-icare Health & Life LLC	Florida	LLC

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

Would like for both businesses to be merged and name changed to
Jream Associates & Services LLC EIN - 82-5438294

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

- ☐ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☒ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.
- ☐ This entity is created by the merger and is a domestic limited liability partnership or a domestic limited liability partnership, its statement of qualification is attached.
- ☐ This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

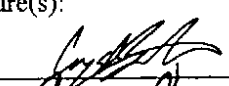
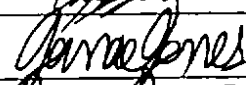
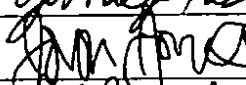
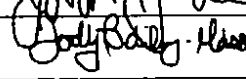
FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

3/31/2022

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.

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Affinity Med Icare Health and Life LLC		Crystal Bowens-Quarterman
Affinity Med-icare Health & Life Llc		Janae Jones
Affinity Med-icare Health & Life Llc		Jovon Jones
Jody P Bailey & Associates LLC		Jody Bailey - Mason

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

Fees:	For each Limited Liability Company:	\$25.00	For each Corporation:	\$35.00
	For each Limited Partnership:	\$52.50	For each General Partnership:	\$25.00
	For each Other Business Entity:	\$25.00	Certified Copy (optional):	\$30.00