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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

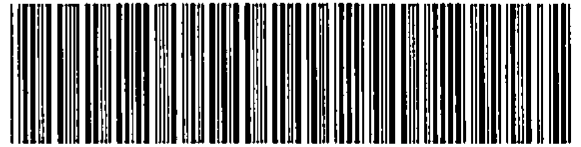
(Business Entity Name)

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2019 FEB 19 PM 1:17
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Amend

FEB 23 2019

ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 1st ACE HOME CARE 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:

EVELYN B. FILIPINAS

Name of Person

1st ACE HOME CARE LLC

Firm/Company

8270 Woodland Center Blvd Ste 143

Address

Tampa, FL 33614

City/State and Zip Code

evelynfilipinas@yahoo.com

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

For further information concerning this matter, please call:

EVELYN B. FILIPINAS

Name of Person

at (337) 308-5474

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

1st ACE HOME CARE LLC

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>
<u>MGR</u>	<u>CYRIL M. FILIPINAS</u>	<u>8325 SW 72nd Avenue, Apt 208C Miami, Florida 33143</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>WILFREDO CABALAN</u>	<u>13419 Fawn Springs Dr.</u>	
		<u>Tampa FL 33626</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 2/13/19 .

Signature of a member or authorized representative of a member

Typed or printed name of signee