

L18000721006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

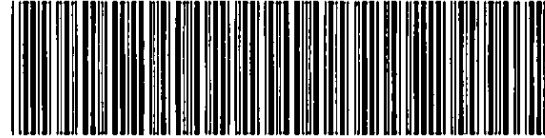
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A.D.

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FILED

2020 NOV 17 P 3:41

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LLC
Amend.

DEC 02 2020

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2020

ANTHONY MORALES
MYUSACORPORATION.COM
1 RADISSON PLAZA, SUITE 800
NEW ROCHELLE, NY 10801

SUBJECT: SOLO CARE L.L.C
Ref. Number: L18000221006

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

In order to amend, the entity must be active on our records.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

JEARLD H QUICK
OPS

Letter Number: 420A00021872

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLO CARE L.L.C

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:

Anthony Morales

Name of Person

MyUSACorporation.com

Firm/Company

1 Radisson Plaza, Suite 800

Address

New Rochelle, New York, 10801

City/State and Zip Code

info@myusacorporation.com

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

For further information concerning this matter, please call:

Anthony Morales

Name of Person

at (877) 330-2677

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SOLO CARE L.L.C

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>
AMBR	EUGENE O ABASOLO	906 PARADISE ISLAND DRIVE,	<input type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL, 32433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	APRIL M ABASOLO	906 PARADISE ISLAND DRIVE,	<input checked="" type="checkbox"/> Add
		DEFUNIAK SPRINGS, FL, 32433	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

Eugene Alberto
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00