

118000272222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

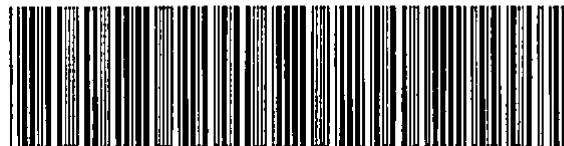
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SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HEALTHWAYS AMERICA, 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:

FRANK R CAROSELLA

\_\_\_\_\_  
Name of Person

AOP FINANCIAL & TAXES, INC.

\_\_\_\_\_  
Firm/Company

3302 GRANITE RIDGE LOOP

\_\_\_\_\_  
Address

LAND O LAKES, FL 34638

\_\_\_\_\_  
City/State and Zip Code

FCAROSELLA.AOP@GMAIL.COM

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

For further information concerning this matter, please call:

FRANK R CAROSELLA

813

961-2040

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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**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>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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SECRET//NOFORN  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-01-2018 BY 60322  
UCBAW

**E. Effective date, if other than the date of filing:** SEPTEMBER 1, 2021 (optional)

(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).

**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.

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.

Dated AUGUST 27 2021

Shirley

Signature of a member or authorized representative of a member

SHIRAZ FAROOQ

Typed or printed name of signee