

L19 000020988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

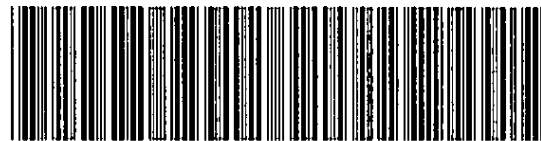
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 JAN -3 PM 3:30

T. MATTHEWS

JAN 14 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Angel Eyes 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:

Alicia Claircuis
Name of Person

Angel Eyes Home Care LLC
Firm/Company

304 E. Pine St Suite 177
Address

Lakeland FL 338
City/State and Zip Code

admin@angelyescare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Claircuis
Name of Person

at (863)
Area Code

944-6977
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 Address:

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

MGR = Manager
AMBR = Authorized Member

[illegible]

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

Make sure the suite 177 is attached to the 304. E. Pine
St. address.

E. Effective date, if other than the date of filing: _____ (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 December 27 2021

Alicia Clairous

Signature of a member or authorized representative of a member

Alicia Clairous

Typed or printed name of signee

Filing Fee: \$25.00