

L190000 21331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

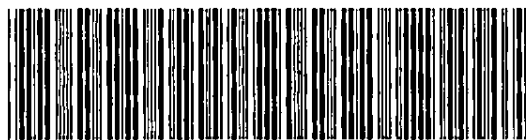
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FILED

2019 APR -1 AM 11:18

2019 APR -1 AM 11:18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caretyne 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:

Calisia Sapp
Name of Person

Caretyne LLC
Firm/Company

19046 Bruce B Downs Blvd Ste B6-73
Address

Tampa, FL 33647
City/State and Zip Code

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

For further information concerning this matter, please call:

Calisia Sapp at (813) 401 4005
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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2019

CALISIA SAPP
19046 BRUCE B DOWNS STE B6-783
TAMPA, FL 33647

SUBJECT: CARETYME LLC
Ref. Number: L19000021331

We have received your document for CARETYME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 3 of 3 must be signed and dated by a member or authorized representative and the typed or printed name of the signee must also be included.

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.

Rebekah White
Regulatory Specialist III

Letter Number: 519A00005126

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caretyme 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:

Calisia Sapp

Name of Person

Caretyme LLC

Firm/Company

19046 Bruce B Downs Blvd. Ste B6-703

Address

Tampa, FL 33647

City/State and Zip Code

caretymelc@gmail.com

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

For further information concerning this matter, please call:

Calisia Sapp

813

401-4005

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)

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(additional copy is enclosed)

MAILING ADDRESS:
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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 APR -1 AM 11:18

Caretyme LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 22, 2019 and assigned
Florida document number L19000021331.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

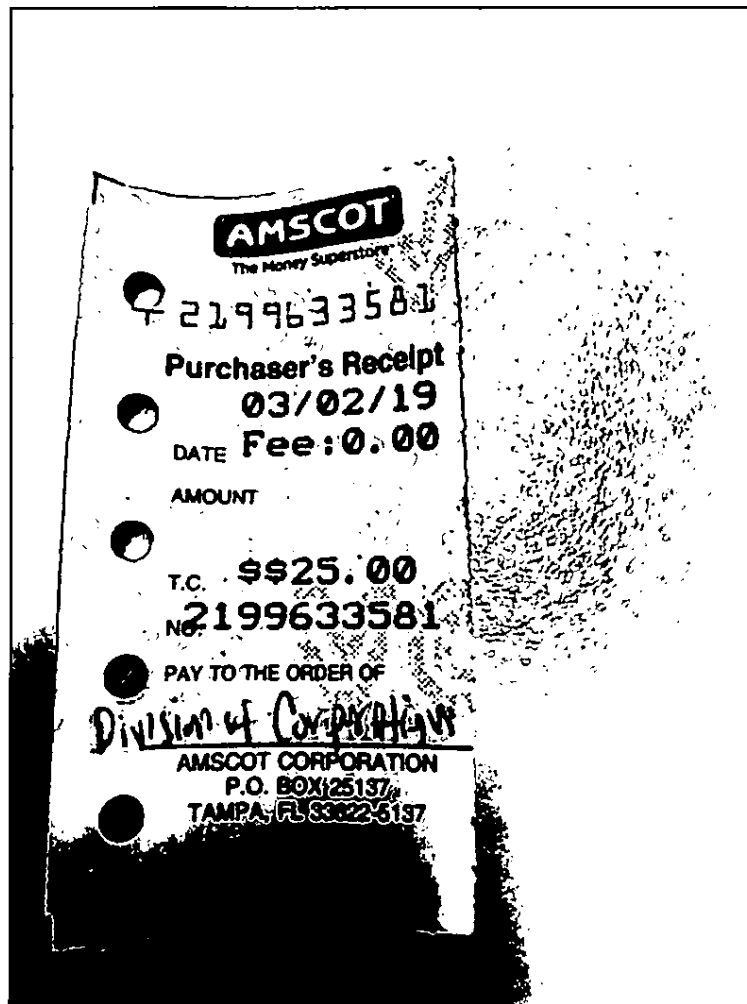
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Calisia Sapp	19046 Bruce B Downs Blvd. Ste B6-703 Tampa, FL 33647	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: 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 04/01/2019

Typed or printed name of signee



April 1, 2019

To whom it may concern,

I have submitted a money order on behalf of Caretyme LLC on 03/02/2019.

However, my documents were sent back due to a missing signature. I have included a revised copy of documents. Should you need additional information, please contact the Manager of Caretyme LLC., Calisia Sapp at 813-401-4005.

Best Regards

Calisia Sapp
Calisia Sapp, RN