

L19 000070538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

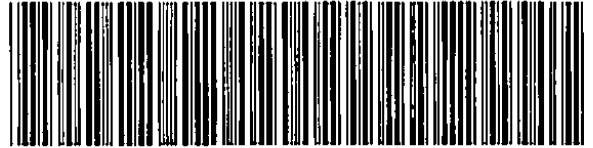
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2020 MAY 27 AM 8:24

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Amend/cu=

MAY 12 2020

I ALBRITTON

**TO: Registration Section
Division of Corporations**

SUBJECT: CARING COMPASSIONATE 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:

Candice Johnson

Name of Person

CARING COMPASSIONATE CARE LLC

Firm/Company

23781 US Hwy 27 #102

Address

Lake Wales, FL 33859-7802

City/State and Zip Code

caring41@yahoo.com

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

For further information concerning this matter, please call:

Candice Johnson

863

535-5525

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

Street Address:

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

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2020 APR 27 AM 8:24
Clerks.)

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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Actio</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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04/22/2020

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 04/22/2020 : 2:22pm

Candice Johnson
Signature of a member

Signature of a member or authorized representative of a member

Candice Johnson

Typed or printed name of signee