

L19000095505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 MAY -6 PM 1:01

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MAY 13 2013
T. LEVINEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ONETAPCARE 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:

Gerald L Mayerhoff

Name of Person

Firm/Company

3100 N29th Court
#105

Address

Hollywood, FL 33020

City/State and Zip Code

glmcpa@bellsouth.net

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

For further information concerning this matter, please call:

Gerald L Mayerhoff

954 829-8611

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2010 MAY

2019 MAY -6 P 1:04

ALABAMA, 1962

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

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida
City

Zip Code

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.

Page 1 of 3

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	Eliana Aaron	1357 Milford Terr Teaneck, NJ 07666	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is indicated, the date must be at least 15 days after the date of filing.)

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 May 2, 2019

Gerald K. Mayenhoff
Signature of a member

Signature of a member or authorized representative of a member

Gerald L Mayerhoff

Typed or printed name of signee