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(City/State/Zip/Phone #)

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☐ WAIT

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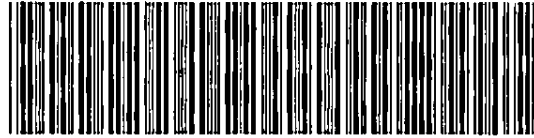
(Business Entity Name)

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**TO: Registration Section
Division of Corporations**

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SUBJECT: Integrity Home Care Plus 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:

Tracy Joseph

Name of Person

Integirty Home Care Plus

Firm/Company

1451 W cypress Creek road

Address

Fort Lauderdale Florida

City/State and Zip Code

t.joseph@integrityhomehealthcaresplus.com

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

For further information concerning this matter, please call:

Tracy Joseph

404

621 7626

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Integrity Home Care Plus LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
mbr	Tiara Smith	1100 3rd Ave N	<input type="checkbox"/> Add
		Nashville TN 37208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mbr	Detrich Lodge	6719 Southport Dr	<input type="checkbox"/> Add
		Burgate Beach 33422	<input checked="" type="checkbox"/> Remove
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(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)

(b) The 90th day after the record is filed.

Dated

Signature of a member of authorized representative of a member

Signature of a member or authorized representative of a member

Tracy Joseph
printed name of signer

Typed or printed name of signer