

L20 000005105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

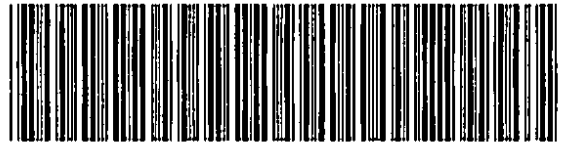
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2022 MAY -3 PM 2:29

FILED

C. BRUMBLEY

JUN 28 2022

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: FAMILY MEDICAL CLINIC HOMESTEAD 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:

ALBERT GONZALEZ

Name of Person

AGG P.A.

Firm/Company

8522 SW 133 AVE

Address

MIAMI, FL 33183

City/State and Zip Code

CONTACT@AGGPA.COM

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

For further information concerning this matter, please call:

ALBERT GONZALEZ

Name of Person

786 310-1982  
at ( )

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

## FAMILY MEDICAL CLINIC HOMESTEAD LLC

**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**

[illegible]

N/A

**Filing Fee: \$25.00**