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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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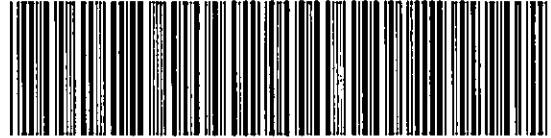
(Business Entity Name)

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2020.11.17 PM 5:23

R. WHITE
MAY 15 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHFCARE 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:

AUGUSTINE AGOCHA

Name of Person

CHFCARE PLLC

Firm/Company

3853 NORTHDALIE BLVD SUITE 367

Address

TAMPA, FL 33624

City/State and Zip Code

DR.AGOCHA@LIVE.COM

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

For further information concerning this matter, please call:

AUGUSTINE AGOCHA MD

813 220-2122
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY -7 AM 9:55

April 22, 2020

AUGUSTINE AGOCHA
3853 NORTHDAL BLVD STE 367
TAMPA, FL 33624

SUBJECT: CHF CARE P.L.L.C.
Ref. Number: L20000071213

We have received your document for CHF CARE P.L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document was previously filed on April 13, 2020.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 620A00008400

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ~~XXXXXXXXXX~~ CHANGE OF REGISTERED AGENT ADDRESS.

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:

AUGUSTINE AGOCHA

Name of Person

CHEFCARE PLLC

Firm/Company

3853 NORTHDALIE BLVD SUITE 367

Address

TAMPA, FL 33624

City/State and Zip Code

DR.AGOCHA@LIVE.COM

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

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

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

CHF CARE 1 PLLC

2020. 1-7 PM 5:21

(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 03/04/2020 and assigned
Florida document number 120000071213.

This amendment is submitted to amend the following:

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

~~XXXXXXXXXXXX~~

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:

3853 NORTHDAL BLVD SUITE 367

Enter Florida street address

TAMPA

City

Florida

33624

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee