

L20000106916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

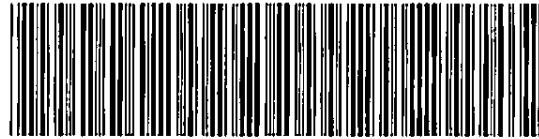
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 10 08:41:04
FILING OFFICE
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

WHOLE NURSING, LLC

SUBJECT: _____
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:

DONNA AVERBECK

Name of Person

Firm/Company

3033 Gillespie Ave

Address

Sarasota, FL 34234

City/State and Zip Code

FloridaBizFiling@gmail.com

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

For further information concerning this matter, please call:

Donna _____ 941 256-5465
at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2024 JUN 10 PM 4:04
CLERK OF COURT
JULIA A. HARRIS
CLERK OF COURT
JULIA A. HARRIS

WHOLE NURSING, LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (optional)
(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) this date will not be listed as the

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.

DONNA AVERBECK
Signature of a member or authorized representative of a member

DONNA AVERBECK
Typed or printed name of signer

2025 JUN 10 PM 4:04