

L2000019497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

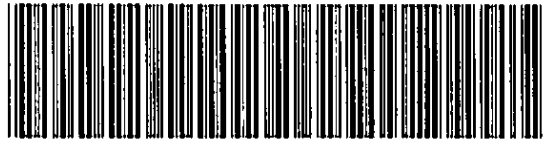
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

623

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05/23/20--01017--019 **25.00

R. WHITE
JUN 24 2020

2020 JUN 23 PM 1:45

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I Never Had it So Good Senior Care Center 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:

Keisha Washington
Name of Person

Firm/Company

26 Ridge Way Court
Address

Crawfordville Fla. 32327
City/State and Zip Code

Keishaw032@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keisha Washington at (850) 566-5930
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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

June 17, 2020

KEISHA WASHINGTON
26 RIDGEWAY CT
CRAWFORDVILLE, FL 32327

SUBJECT: "I NEVER HAD IS SO GOOD" SENIOR CARE CENTER "LLC".
Ref. Number: L20000119497

We have received your document for "I NEVER HAD IS SO GOOD" SENIOR CARE CENTER "LLC". and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 920A00011932

I Never Had it so Good Senior Care Center LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____ ☐ Add

☐ Remove

☐ Change

_____ ☐ Add

[Remove](#)

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[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.

5/14/2020

Signature of a member or authorized representative of a member

Keisha Washington
Typed or printed name of signer