

L20000265353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

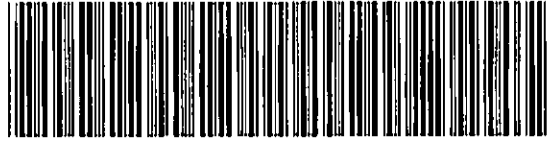
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2020 SEP 14 P 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Amend.

10/19/20
DC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRAVI HEALTH CARE 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:

EDDY TRAVIESO INCLAN

Name of Person

Firm/Company

16800 SW 137 AVE APT 1101

Address

MIAMI/FLORIDA 33177

City/State and Zip Code

traviesoedy96@gmail.com

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

For further information concerning this matter, please call:

EDDY TRAVIESO INCLAN

210 2796508
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

TRAVI HEALTH CARE 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	EDDY TRAVIESO INCLAN	16800 SW 137 AVE APT 1101 MIAMI,FL 33177	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDDY TRAVIESO INCLAN	16800 SW 137 AVE APT 1101 MIAMI,FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELIANIS TRAVIESO CORREA	16800 SW 137 AVE APT 1101 MIAMI,FL 33177	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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

[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.

Dated 09/09/2020, 09

EDDY TRAVIESO INCLAN

Typed or printed name of signee

Filing Fee: \$25.00