

L21000026889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

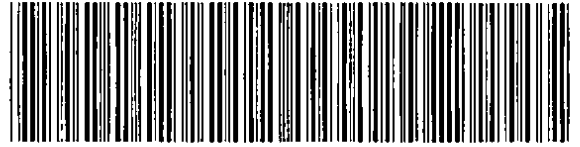
(Business Entity Name)

(Document Number)

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STATE
CLERK OF COURTS
TALLAHASSEE, FL

~~RECEIVED~~
R. HUNT
06/26/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DAS Health Ventures, 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:

Dipa Shah

Name of Person

DAS Health Ventures LLC

Firm/Company

1000 N Ashley Drive, Suite 300

Address

Tampa, FL 33602

City/State and Zip Code

legal@dashealth.com

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

2003 JUN 25 PM 5:07
CLERK OF STATE
TALLAHASSEE, FL
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For further information concerning this matter, please call:

Dipa Shah

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

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>
	Dipa Shah	1000 N Ashley Drive, Suite 300	<input type="checkbox"/> Add
		Tampa, FL 33602	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2023 JUN 25 PM 5:07
DEPT OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 4/28/23 (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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 13 2023

Michelle Jaeger
Signature of a member or authorized representative of a member

Michelle Jaeger
Typed or printed name of signer