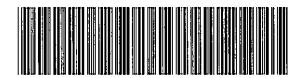
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Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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August 24, 2021

NARIS E. PALMER 6020 SHAKER WOOD CIR APT 107C TAMARAC, FL 33319

SUBJECT: TRANSITIONAL HEALTHCARE SERVICES, "LLC"

Ref. Number: L21000029675

We have received your document for TRANSITIONAL HEALTHCARE SERVICES, "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):

The attached form must be completed in order to file the document.

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.

Tekayla T Matthews OPS

www.sunbiz.org

Letter Number: 921A00020310

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Transitional Health Core Services 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:
Naris E Palmer Name of Person
Transitional Health Care Services Firm/Company
6020 Shaker wood Cir Apt 107C
Tamarac FL 33319 Chy/State and Zip Code
Marispalmera 49 hoo. Com I mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (6/0) 6/6-7452 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or	te su 12: 33
Transitional	Health Can	1 SEP 15 PHIZ: 33 C Services LLC
(Name of the Climited Liability) (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C Florida document number 121000 296	Company were filed on	$\frac{01/13/2/}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company hero	<u>:</u> :
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	City	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.

MGR = M $AMBR = A$	lanager uthorized Member	Section 2	
<u>Title</u>	<u>Name</u>	Address 21 SEP 15 PH 12: 3	Type of Action
mbR	Naris E Palmer	6020 Shaker wood Circk	
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Note: 11	ive date, if other than the date of filing: (optional) ective 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	to 605 0207 (3 e listed as th
he record ord is filed	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day ed.	after the
Dated _	9/3 2021.	
	Nais Palmer	
	Signature of a member or authorized representative of a member Naris Palmer	_

Filing Fee: \$25.00