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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

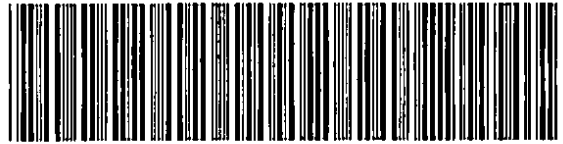
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2021 APR 21 PM 12:23
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nancy's Home 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:

Randy Drigg
Name of Person
Nancy's Home Care LLC
Firm Company
7945 SW 19 st.
Address
Miami, FL. 33155
City/State and Zip Code
Nancyhomecare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Drigg at (786) 440 0426
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

Nancy's Home 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>
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AMBR	Randy Drigg	7945 SW 19 ST MIAMI FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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AMBR	Raymond Gonzales	7752 NW 71 ST MIAMI FL 33166	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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TALENT ASSOCIATES, FLORIDA

2021 APR 23 PM 12:23

2021 APR 21 PM 12:23
STATE
DEPT AIA STATE E. H. ORIDA

2121 AFR 21 PM 12:23
JAIL HOUSE, FLORIDA

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.

Dated 02/17/2021 _____

Signature of a member or authorized representative of a member

Randy Prigg.
Typed or printed name of signer

Filing Fee: \$25.00