

L21 000 117869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

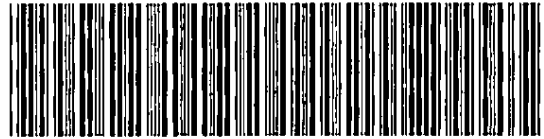
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUL 20 AM 11:29

CLERK  
JUL 20 2021

June 30, 2021

DEWAYNE D ALBERTIE  
1332 WEST 15TH STREET  
APT 3  
JACKSONVILLE, FL 32209

SUBJECT: CARE WITH PRIDE LLC  
Ref. Number: L21000117869

We have received your document for CARE WITH PRIDE 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 titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Summer Chatham  
OPS

Letter Number: 821A00014928

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Care With Pride LLC

**SUBJECT:** \_\_\_\_\_  
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:

Dewayne D. Albertie Jr

\_\_\_\_\_  
Name of Person

Care With Pride LLC

\_\_\_\_\_  
Firm/Company

1332 West 15th Street

\_\_\_\_\_  
Address

Jacksonville, FL 32209

\_\_\_\_\_  
City/State and Zip Code

carewithpridelc4@gmail.com

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

For further information concerning this matter, please call:

Dewayne Albertie

904 3224169

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

Care With Pride LLC

The Articles of Organization for this Limited Liability Company were filed on 03/12/2021 and assigned  
Florida document number 1.21000117869.

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

1021. 10.20

7071 11:20 A 11:2

**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 May 18 2021

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**