

L21000219402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

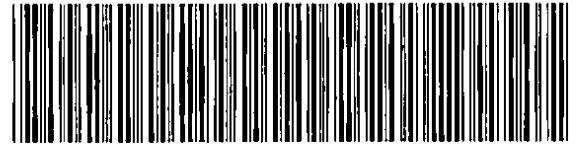
(Business Entity Name)

(Document Number)

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2023 SEP 15 PM 3:23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOAN WALTERS 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:

JOAN W WEST

Name of Person

JOAN WALTETS HOME CARE LLC

Firm/Company

260 SW 56TH AVE APT 211

Address

MARGATE, FLORIDA 33068

City/State and Zip Code

JOANWWALTERS@GMAIL.COM

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

For further information concerning this matter, please call:

JOAN W WEST

561

997-4146

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

6/11/15 2:23

JOAN WALTERS HOME CARE LLC

Joan West
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REGISTERED AGENT/ AUTHORIZED PERSON GOT MARRIED AND HAS A NAME CHANGE AND
WOULD LIKE THE NAME TO REFLECT MARRIED NAME

E. Effective date, if other than the date of filing: 05/11/2023 (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 MAY 11, 2023



Signature of a member or authorized representative of a member

JOAN W WEST

Typed or printed name of signee

Filing Fee: \$25.00