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(City/State/Zip/Phone #)

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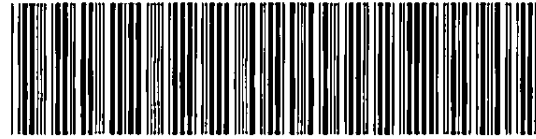
(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**DATE: 8/06/21**

**NAME: WITHIN HEALTH PROVIDER SERVICES LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 55.00**

**RETURN: CERTIFIED COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*aHodge*

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WITHIN HEALTH PROVIDER 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:

CHARLOTTE ROORK

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

MCDERMOTT WILL & EMERY LLP

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

444 W LAKE ST STE 4000

\_\_\_\_\_  
Address

CHICAGO IL 60606

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

CROORK@MWE.COM

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

For further information concerning this matter, please call:

CHARLOTTE ROORK

312

899-7286

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

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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(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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Scenario	Initial State	Final State	Change Type
Scenario 1	Initial State	Final State	Add
Scenario 2	Initial State	Final State	Remove
Scenario 3	Initial State	Final State	Change
Scenario 4	Initial State	Final State	Add
Scenario 5	Initial State	Final State	Remove
Scenario 6	Initial State	Final State	Change
Scenario 7	Initial State	Final State	Add
Scenario 8	Initial State	Final State	Remove
Scenario 9	Initial State	Final State	Change
Scenario 10	Initial State	Final State	Add
Scenario 11	Initial State	Final State	Remove
Scenario 12	Initial State	Final State	Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 AUGUST 6 2021

- DocuSigned by:

Charlotte Roark

- 75BD055A2800435

Signature of a member or authorized representative of a member

CHARLOTTE M ROORK (AUTHORIZED REPRESENTATIVE)

Typed or printed name of signee

**Filing Fee: \$25.00**