

L21000290342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

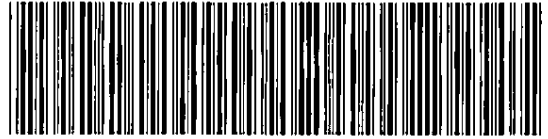
Certificates of Status _____

Special Instructions to Filing Officer:

w/p

4085

Office Use Only



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05/08/24--01036--019 **43.75

SECRETARY OF STATE
JUL 23 2024

2024 JUL 23 PM 1:32

FILED

Name Change

AUG 13 2024

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: We Care Healthcare Management LLC
DOCUMENT NUMBER: 121000290342

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Lee
Name of Contact Person

502 Limewood Circle #167
Firm/ Company
Address
Seffner, FL 33584
City/ State and Zip Code
Tracyvlee123@gmail-com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy Lee at (347) 512-2031
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2024

TRACY LEE
502 LIMESWOOD CIRCLE #167
SEFFNER, FL 33584

SUBJECT: WE CARE HEALTHCARE MANAGEMENT LLC
Ref. Number: L21000290342

We have received your document for WE CARE HEALTHCARE MANAGEMENT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Operations Manager A

Letter Number: 824A00014043

GET
JUL 23 2024

We Care Healthcare Management LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(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)

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 July 12th, 2024

Tray Lee

Typed or printed name of signee