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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

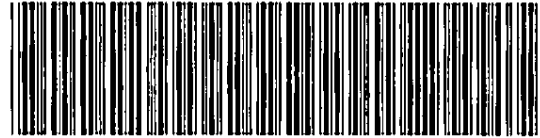
(Business Entity Name)

(Document Number)

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2022-10-10 10:01:10

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blessed Child home health 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:

Regina Blaise
Name of Person

Firm/Company

831 ne 142nd Street
Address

Miami, Florida 33161
City/State and Zip Code

Bregina911@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Regina Blaise at (786) 8262518
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
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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 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>
MGR	Alix Andre Austin	1011 NW 260 St Miami,	<input type="checkbox"/> Add
		Florida 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Régina Blaise	851 NE 142nd Street	<input type="checkbox"/> Add
		Miami, FL 33161	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Régina Blaise	851 NE 142nd Street	<input type="checkbox"/> Add
		Miami, FL 33161	<input checked="" type="checkbox"/> Add
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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 _____ 20__

Paula Regener
Signature of a member

Signature of a member or authorized representative of a member

Regina Blaise
Typed or printed name of

Typed or printed name of signee