

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CANALES & ASSOCIATES ACCOUNTING INC  
Account Number : I20210000091  
Phone : (305)821-1076  
Fax Number : (305)821-1079

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CANALESASSOCIATES@YAHOO.COM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AHAVAH HEALTHCARE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

K. SALY

NOV - 8 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AHAVAH HEALTHCARE, 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:

DUNIA HERNANDEZ

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

AHAVAH HEALTHCARE, LLC\*\*\*\*\*

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

1275 WEST 35 ST # 59B

\_\_\_\_\_  
Address

HIALEAH, FL. 33012

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

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

For further information concerning this matter, please call:

DUNIA HERNANDEZ

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

at (786) 663-5229

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



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>
AMBR	EMERITA CORRALES	1275 WEST 35 ST APT 59-B	<input checked="" type="checkbox"/> Add
		HIALEAH, FL. 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

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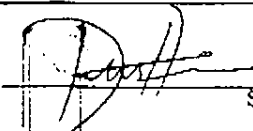
**E. Effective date, if other than the date of filing: 10/20/2024 (optional)**

(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 11/06, 2024



Signature of a member or authorized representative of a member

DUNIA HERNANEZ

Typed or printed name of signee