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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

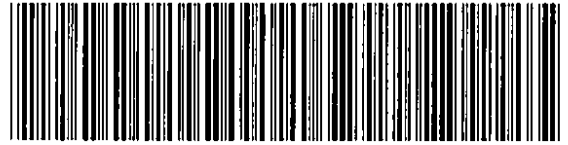
(Business Entity Name)

(Document Number)

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2024 JUN 22 PM 2:40  
RECEIVED  
TALL MAN 2024

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Versacare Solution 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:

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

Alejandro Garcia

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

\_\_\_\_\_  
Address

4601 Minerva st Sebring FL 33870

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

al112919@icloud.com

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

2024 JAN 22 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Alejandro Garcia at ( ) 786-519-8881

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

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>
President	Alejandro Garcia	4601 Minerva st Sebring FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Vice Pres	Jorge L Garcia	4601 Minerva st Sebring FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY'S OFFICE  
TAMU

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

SECRETARY OF THE ARMY  
WASHINGTON, D. C. 20315

**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 1/12/24

Alejandro Garcia

Signature of a member or authorized representative of a member

Alejandro Garcia

Typed or printed name of signee