

L22000267465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

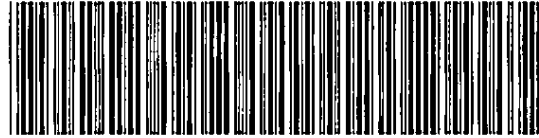
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789,623,672

Office Use Only



100391329141

10/20/22 00:09:46 5065.70

LLC Amend

FILED
2022 OCT 20 PM 12 30

A. RAMSEY

OCT 20 2022

Rachelle's representative told me to remove Irma completely even though box was marked



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2022

RACHELLE E AVRIL
1483 BANYAN CANAL DR
WEST PALM BEACH, FL 33415

SUBJECT: MARI GOLD HEALTHCARE SERVICES LLC
Ref. Number: L22000267465

We have received your document for MARI GOLD HEALTHCARE SERVICES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 022A00022743

RECEIVED
2022 OCT 20 PM 12:25
TALLAHASSEE, FLORIDA

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>
Manager	Irma Estella Castellanos	1483 Banyan Canal Dr West Palm Beach, FL 33415	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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