

h22000313592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

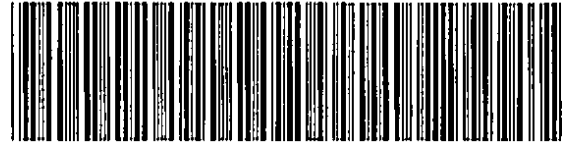
Special Instructions to Filing Officer:

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SECRETARY OF STATE
2022 SEP 30 AM 8:45
STATE OF CONNECTICUT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

All Nation Nursing 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:

Sheryl Turner
Name of Person

All Nation Nursing LLC
Firm/Company

1242 N.W. 125th Terrace
Address

Sunrise FL 33323
City/State and Zip Code

swatson0995@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheryl Turner
(Name of Person)

at 954 907-1725
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

All Nation Nursing LLC
(Name of the Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/30/22 and assigned Florida document number 622000313592.

All Nation Homecare LLC

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>
MGR	Sheryl Turner	1242 N.W. 125 th Terrace	<input checked="" type="checkbox"/> Add
		Sunrise Florida	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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

1/8/2023



Signature of a member or authorized representative of a member

Sheryl Turner

Typed or printed name of signee

Filing Fee: \$25.00