

L23 0000 21489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

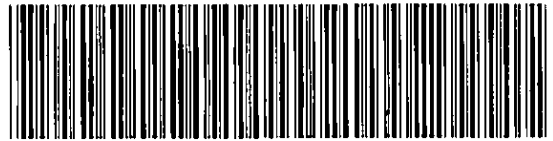
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J. HORNE
MAR - 8 2023

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ALIASSEE, LLC

2023 MAR - 8 AM 11:48

RECEIVED

SECRETARY OF
TREASURY

2023 MAR - 8 PM 12:58

FILED

09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Your Royal 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:

Christan Jones

Name of Person

Firm/Company

101 N US Hwy 1 Ste 210

Address

Fort Pierce FL 34950

City/State and Zip Code

Aylenterprises1601@icloud.com

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

For further information concerning this matter, please call:

Christan Jones

Name of Person

at

(470) 349-0921

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

Your Royal Care Uo

2023 MAR -8 PM 12:58
SECRETARY OF
DALLAHASSEE

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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.

3/8/23

Chigtan Jones

Signature of a member or authorized representative of a member

Christian Jones

Typed or printed name of signee