

L23000304831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

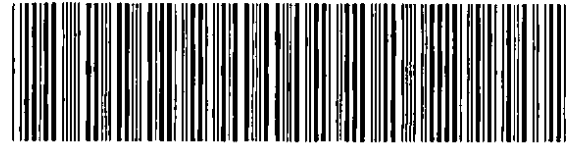
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JUL -6 PM 3:05  
SECURITY DIVISION

Y. SCOTT

AUG 12 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Able Care Home Health Care Registry, 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:

Judy Lawson  
Name of Person

Able Home Health Care Registry, LLC  
Firm/Company

6412<sup>N</sup>. University Drive  
Address

Tamarae, FL 33321  
City/State and Zip Code

aaa-judy@yahoo.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy Lawson  
Name of Person

at 954 773-1512  
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

Able Home Health Care Registry LLC  
(Name of the Limited Liability Company as it now appears on our records)

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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2023 JUL -6 PM 3:05  
STATE

FILED  
2013 JUN -6 PM 3:05  
CLERK OF DISTRICT COURT  
JULIA

(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.

Signature of a member or authorized representative of a member

Judy Lawson  
Typed or printed name of signee