

L23000358015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

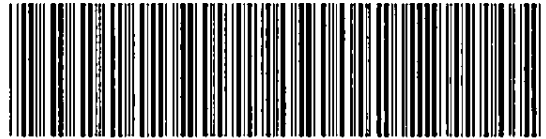
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/23--01001--013 **25.00

A. RIVERS

OCT 04 2023

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: E&M Health Care Services 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:

Maria Hernandez

Name of Person

E & M Health Care Services LLC

Firm/Company

4450 W 16th Avenue Apt. 222

Address

Hialeah, FL 33012

City/State and Zip Code

EMHEALTHCARESERV @ a m a i l . c o m

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

For further information concerning this matter, please call:

Maria Hernandez

786 858-6324

at ()

Name of Person

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

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>
AMBR	Maria Hernandez	4450 W 16th Ave apt. 222	<input type="checkbox"/> Add
		Hialeah, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Emedin Rodriguez	4450 W 16th Ave apt. 222	<input type="checkbox"/> Add
		Hialeah, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[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.

Maria Hernandez

Signature of a member or authorized representative of a member

MARIA HERNANDEZ

Typed or printed name of signee