

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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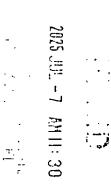
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0 1 1/8/2025

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	HERY TELE Name of Limit	CARE LLC. ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
		Name of Person IEIECARE Firm/Company	
	6000 METRO	NEST BlvD S	uite 208
		City/State and Zip Code C 9Mail COM o be used for future annual report notifi	
For further information co	ncerning this matter, please ca	11:	
TNA CHER Name of	24 Person	at (<u>407</u>) <u>S48</u> Area Code Daytime	- 7/08 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



June 24, 2025

INA CHERY 6000 METROWEST BOULEVARD SUITE 208 ORLANDO, FL 32835

SUBJECT: CHERY TELECARE LLC

Ref. Number: L24000059215

We have received your document for CHERY TELECARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

> DEGEIVE JUL **07** 2025 By______

Letter Number: 025A00013777



May 31, 2025

CHERY TELECARE LLC 6000 METROWEST BLVD. ORLANDO, FL 32835

SUBJECT: CHERY TELECARE LLC

Ref. Number: L24000059215

We have received your document for CHERY TELECARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received.

We are enclosing the proper form(s) with instructions for your convenience.

The document must contain the original date of filing/authorization in Florida.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

Letter Number: 425A00011732

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHERY TELECHI (Name of the Limited Lia) (A Flor	RE L.L.C.	2025 JUL -7 AHII: 30	
(<u>Name of the Limited Lial</u> (A Flor	<u>pility Company as it now app</u> rida Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 24 0000 5 9 2 15</u>	Company were filed on		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	here:	
CHERY HEALTH and W	1= 11 NFSS / 1	C	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the	ne designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe agent and/or the new registered office address here		r records, <u>enter the name of the new registered</u>	
agent and/or the new registered office address new	<u>:</u> •		
Name of New Registered Agent:			
N. D. ' LOSS ALL			
New Registered Office Address:	Enter	Florida street address	
	City	, Florida Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□Add
			🗀 Remove
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			□Remove
			□Change

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(If an e Note:	tive date, if other than the date of filing:
f the recorecord is f	rd 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 iled.
Dated	Signature of a member or authorized representative of a member
	TNA AUGUSTIN CHEIZY Typed or printed name of signee