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## COVER LETTER

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpora	tions		
SUBJECT: YOUN	G AT HEART Name of Lim	HOMECARE L.	LC
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
-		han anapisal	
-	YOUNGATI	HEART HOMECARE L	ic
-	1/353	Nw 9 ST	
_	Plant	Lation, FL 33325	<b>;</b>
_	F-mail address; (	Address  Address  African FL 33325  City/State and Zip Code  NKC Yah home Can to be used for future annual report not	E. Com
For further information conce			·
hober Kanja	19pisa)	at (954) 646 Area Code Daytin	- 2762 ne Telephone Number
Enclosed is a check for the fol	lowing 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 Corporation		Street Address: Registration Se Division of Co	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	for Authorized Person Details. Please update as seen to
	Title AMBR - Kannager , habert
	150 5 Pine Island hoad, Suite 300
	Plantation, FZ 33324
Ti	the AMBR - Kaman, Erica
	150 5 Pine Island Road, suite 300
	Plantation, FC 33324
+	
ective	date, if other than the date of filing: (optional)
n effectiv <u>te:</u> If t	we 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 60 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis
cument	's effective date on the Department of State's records.
_	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
is filed.	A
	April 2 2024
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ted	Signature of a member or authorized representative of a member

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