

L24000181303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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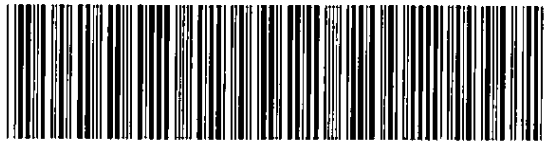
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Name Change

AUG 20 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

FROM: Tampa Family Infusion Services, LLC

SUBJECT: _____
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:

Ben Glisan

Name of Person

Tampa Family Specialty Services, LLC

Firm/Company

302 W FLETCHER AVE

Address

Tampa, Florida 33612

City/State and Zip Code

BGlisan@tthe.org

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

For further information concerning this matter, please call:

Ben Tesdahl

301

471-0876

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

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
Tampa Family Infusion Services, LLC**

(A Florida Limited Liability Company)

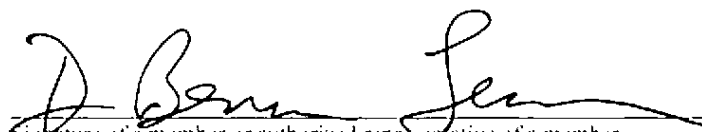
The Articles of Organization for this Limited Liability Company were filed on 04/17/2024 and assigned
Florida document number L24000181303.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tampa Family Specialty Services, LLC

Dated August 6, 2024



Signature of a member or authorized representative of a member

D. Benson Tesdahl, Esq.
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL