

L24 000373141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

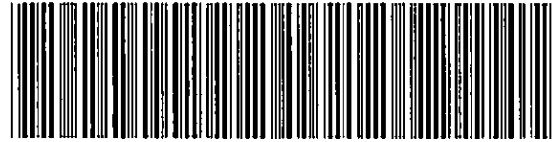
(Business Entity Name)

(Document Number)

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TO: **Registration Section
Division of Corporations**

SUBJECT: CLARITY HEALTH APPROACH 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:

SILVIA VILLAVICENCIO

Name of Person

CLARITY HEALTH APPROACH LLC

Firm/Company

13170 SW 128TH ST UNIT 200

Address

MIAMI, FL 33186

City/State and Zip Code

svillavicencio717@gmail.com

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

For further information concerning this matter, please call:

SILVIA VILLAVICENCIO

at (786) 262-5438
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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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>
MGR	CLAUDIA CALDERIN	16431 SW 141 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KARLA A. GARCIA CRUZ	1446 EAST MOWRY DRIVE APT 102	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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HOMESTEAD, FL
STATE

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated NOVEMBER 21ST 2024

Gisela Vellamisco
Signature of a member or authorized representative of a member

SILVIA VILLAVICENCIO

Typed or printed name of signee

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WASHINGTON, D.C.

Filing Fee: \$25.00