

L25000096722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

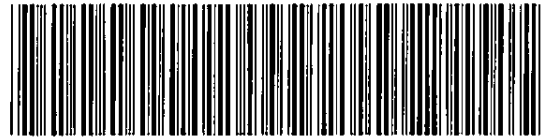
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/30/25--0101P--005 **60.00

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2025 APR 30 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FL

Mac
4/30/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALIFIED HEALTH PROFESSIONALS

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:

ANN MYERS

Name of Person

Myers Insurance Consulting LLC

Firm/Company

7434 S U.S. Hwy 1

Address

Port St. Lucie

City/State and Zip Code

info@myersinscon.com

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

For further information concerning this matter, please call:

Ann Myers

Name of Person

at (772) 323-0249

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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TALLAHASSEE, FL

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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>
MGR	JOSHUA GUNKEL	5626 CLEVELAND ST HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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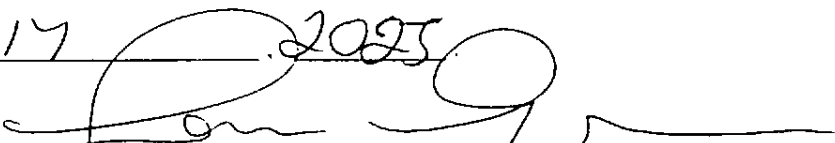
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TALLAHASSEE FL

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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

(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)

Dated 4/17 2025


Signature of a member or authorized representative of a member

Joshua Gunkel
Typed or printed name of signee

Filing Fee: \$25.00