

LA5000152620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

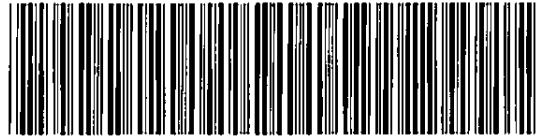
(Business Entity Name)

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2-25

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Jacksonville Family Home Health Care LLC ⁹

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:

Marie M. Silney

Name of Person

Jacksonville Family Home Health Care LLC

Firm/Company

6331 Ironside Drive

Address

North Jacksonville/Florida 32244

City/State and Zip Code

drvladimirsylne@gmail.com

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

For further information concerning this matter, please call:

Marie M. Silney

Name of Person

at (904) 422-1871

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

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	Vladimir Sylne	116 Clendenny Ave	<input type="checkbox"/> Add
		Jersey City, NJ 07304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aldrin Silne	116 Clendenny Ave	<input type="checkbox"/> Add
		Jersey City, NJ 07304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rio Sylne	116 Clendenny Ave	<input type="checkbox"/> Add
		Jersey City, NJ 07304	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 7/2, 2025



Marie M. Silney

Typed or printed name of signee