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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 19 2011
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: BACK TO GOOD HEALTH, 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:

KIMBERLY ANN REGIS
Name of Person

BACK TO GOOD HEALTH, LLC
Firm/Company

15291 NW 60th Ave, Suite 107
Address

Miami Lakes, FL 33014
City/State and Zip Code

BACKTOGOODHEALTH2010@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Ann Regis at (305) 231-0777
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

BACK TO GOOD HEALTH, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KIMBERLY ANN REGIS	5352 NORTH SAN ANDROS WEST PALM BEACH FLORIDA 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 18 PM 4:00

FILED

Dated JANUARY 11, 2011



Signature of a member or authorized representative of a member

KIMBERLY ANN REGIS

Typed or printed name of signee