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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 21 2011
EXAMINER

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: Diabetic Solutions with Stem Cells, 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:

Kamala R Chapman
Name of Person

Firm/Company

7327 Tillman Drive
Address

Lake Worth, FL 33467
City/State and Zip Code

KRC0958@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamala R. Chapman
Name of Person

at (561) 213-3737
Area Code & Daytime Telephone Number

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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

Diabetic Solutions With Stem Cells, 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	HBA USA, LLC	6400 Congress Ave #2200 Boca Raton, FL 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GRQ, Inc.	6400 Congress Ave #2200 Boca Raton, FL 33487	<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

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

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Dated January 10, 2011.

Signature of a member or authorized representative of a member

Kamala R Chapman
Typed or printed name of signee