

L/11000033019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

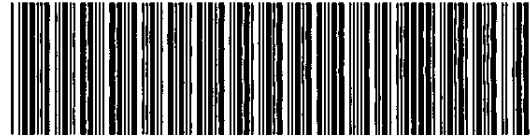
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/04/13--01089--002 **25.00

FILED
13 FEB -4 PM 12:18
STATE APT OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB -7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALOHA WELLNESS CENTER, 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:

Robert Reppy
Name of Person

Firm/Company

101 Carlyle Dr.
Address

PALM HARBOR, FL 34683
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert at (727) 743-5971
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 FEB -4 PM 12:18
FBI - MEMPHIS

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
FALL DALE, FLORIDA
JAN 12 1964 PM 12:10
ORDS.

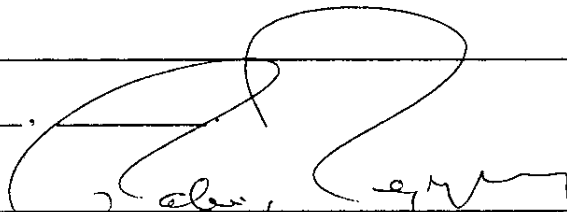
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NONA REPPY	101 Carlyle DR.	<input type="checkbox"/> Add
		Palm HARBOR, FL	<input checked="" type="checkbox"/> Remove
		34683	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated 1/30/2013.



Signature of a member or authorized representative of a member

Robert Perry

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00