

L11000047559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

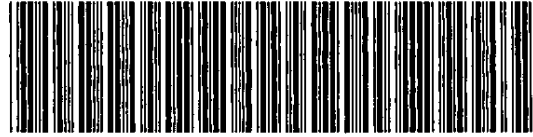
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900248391459

06/18/13--01012--006 **25.00

FILED
2013 JUN 18 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2013
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jade Diabetic Group 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:

Dale Greyslak

Name of Person

Jade Diabetic Group LLC

Firm/Company

1384 S. Babcock St.

Address

Melbourne FL 32901

City/State and Zip Code

aguyenn@hmc corporate.com

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

For further information concerning this matter, please call:

Amy Guynn

Name of Person

at (**321**) **676-8988**

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
2013 JUN 18 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 3

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

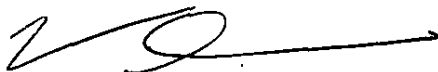
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Troy Sowards	1384 S. Babcock St	<input checked="" type="checkbox"/> Add
		Melbourne FL 32901	<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

SECRETARY OF STATE
 TALLAHASSEE FLORIDA
 JUN 18 AM 11:27
 FILED

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

Dated _____



Signature of a member or authorized representative of a member

Dale Greyslak

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00