

L12000028829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

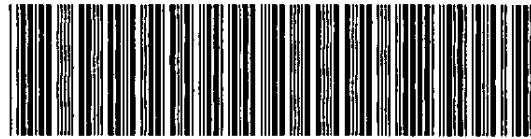
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E Burch SEP 23 2013

*Done*  
*Pro*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Midtown Hypnosis 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:

**Daniel Llinas**

Name of Person

**Midtown Hypnosis Center, LLC**

Firm/Company

**2700 N Miami Ave. #903**

Address

**Miami, FL 33127**

City/State and Zip Code

**danllinas@gmail.com**

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

For further information concerning this matter, please call:

**Daniel Llinas**

Name of Person

at **954 850-1781**

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

**Midtown Hypnosis Center, LLC**

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>           |
|--------------|-------------|----------------|---------------------------------|
| <u>N/A</u>   |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

Dated **September 9** **2013**



Signature of a member or authorized representative of a member

**Daniel Llinas**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**