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TALLAHASSEE FLORIDA

FEB 10 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATW CONSULTING LLC -amended to ASPIRE TOTAL WELLNESS 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:

LEIGH FILEWICH

Name of Person

ASPIRE TOTA WELLNESS LLC

Firm/Company

2805 EAST OAKLANDPARK BLVD. #478

Address

FORT LAUDERDALE, FLORIDA 33306

City/State and Zip Code

leigh@aspirewell.com

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

For further information concerning this matter, please call:

LEIGH FILEWICH

Name of Person

at 561 245-1605

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

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TALLAHASSEE, FLORIDA

A T W CONSULTING LLC

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CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
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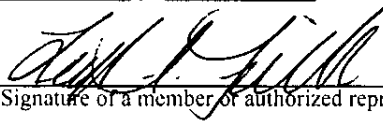
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/4/2015



Signature of a member or authorized representative of a member

LEIGH FILEWICH

Typed or printed name of signee

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Filing Fee: \$25.00

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