

From: Olive | Judd, P.A.
4/14/22, 10:59 AM

Fax:

To: 18506176383@rcfax.com Fax: (850) 617-6383

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04/14/2022 11:01 AM

Division of Corporations

L15000055074
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : OLIVE JUDD, P.A.
Account Number : 120200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FRESH START LIFE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

T. LEMIEUX
APR 15 2022

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: FRESH START LIFE SOLUTIONS, 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:

Kristy E. Armada, Esq.

Name of PersonOlive Judd, P.A.

Firm/Company2426 East Las Olas Boulevard

AddressFort Lauderdale, FL 33301

City/State and Zip Codekarmada@olivejudd.com

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

For further information concerning this matter, please call:

Kristy Armada

Name of Person954
at (_____) _____
Area Code334-2250

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 Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

[illegible]

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

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 13, 2022

Kristy Qumada
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kristy E. Armada, authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

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