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(Address)

(Address)

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TALLAHASSEE FLORIDA

APR 01 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Physical Natural and Healthy 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:

Victor Lopez

Name of Person

Firm/Company

6425 North West 113 Ct

Address

Doral Florida 33178

City/State and Zip Code

victorlopez465@gmail.com

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

For further information concerning this matter, please call:

Victor Lopez

at (305) 796-1200

Name of Person

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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Physical Natulal and Healthy LLC

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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No Change

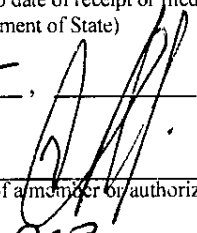
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 4/20/2015



Signature of a member or authorized representative of a member

Victor Lopez

Typed or printed name of signee

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Filing Fee: \$25.00

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