

L16 0000061535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

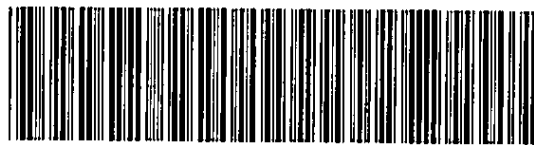
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Aug 20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dr. Morse's Herbal Health Club, 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:

Jennifer Billingham

\_\_\_\_\_  
Name of Person

Dr. Morse's Herbal Health Club, LLC

\_\_\_\_\_  
Firm/Company

525 Tamiami Trail, Unit 2

\_\_\_\_\_  
Address

Port Charlotte, FL 33953

\_\_\_\_\_  
City/State and Zip Code

jenb@dmhhc.com

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

For further information concerning this matter, please call:

Jennifer Billingham

941

766-8068, ext. 112

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Address:**

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

**If Changing Registered Agent, Signature of New Registered Agent**

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>                      |
|--------------|---------------------|--------------------------|--|
| AMBR         | Brenda Morse        | 16094 Galena Avenue      | <input checked="" type="checkbox"/> Add    |
|              |                     | Port Charlotte, FL 33954 | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
| AMBR         | Robert Morse        | 16094 Galena Avenue      | <input checked="" type="checkbox"/> Add    |
|              |                     | Port Charlotte, FL 33954 | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
| AMBR         | Jennifer Billingham | 525 Tamiami Trail        | <input checked="" type="checkbox"/> Add    |
|              |                     | Unit 1                   | <input type="checkbox"/> Remove            |
|              |                     | Port Charlotte, FL 33953 | <input type="checkbox"/> Change            |
| AMBR         | Jason Willette      | 16109 Camas Avenue       | <input checked="" type="checkbox"/> Add    |
|              |                     | Port Charlotte, FL 33954 | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |
| AMBR         | Jennifer Willette   | 525 Tamiami Trail        | <input type="checkbox"/> Add               |
|              |                     | Unit 1                   | <input type="checkbox"/> Remove            |
|              |                     | Port Charlotte, FL 33953 | <input checked="" type="checkbox"/> Change |
|              |                     |                          | <input type="checkbox"/> Add               |
|              |                     |                          | <input type="checkbox"/> Remove            |
|              |                     |                          | <input type="checkbox"/> Change            |

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**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.

Dated 7/21/2021, \_\_\_\_\_

Typed or printed name of signee

**Filing Fee: \$25.00**