

L16000216304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

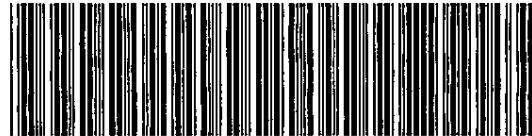
(Business Entity Name)

(Document Number)

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D. SCOTT

FEB 14 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: National Foot Centers  
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:

Clediner Supreme Dorvil  
Name of Person

National Foot Centers, LLC  
Firm/Company

3800 W 12<sup>th</sup> Ave  
Address

Hialeah FL 33012  
City/State and Zip Code

info@NationalFootCenters.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clediner S. Dorvil at (305) 741 5064  
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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National Foot Centers, LLC

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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>
AMBR	Clediner S. Dorvil	3800 W 12 <sup>th</sup> Avenue	<input checked="" type="checkbox"/> Add
		Hialeah FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jodee Brown	3800 W 12 <sup>th</sup> Ave	<input type="checkbox"/> Add
		Hialeah FL 33012	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<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.)*

**E. 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**

Signature of a member or authorized representative of a member

Clediner Supreme Court / Sodee Brown 2/7/17  
Typed or printed name of signer

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**Filing Fee: \$25.00**