

L17000025863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

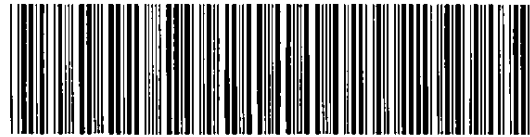
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S. WARREN

JUL 12 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEACE LOVE MED 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:

ILANA MECHOULLAM

Name of Person

PEACE LOVE MED LLC

Firm/Company

11 PLAZA REAL SOUTH, APT-219

Address

BOCA RATON, FL 33432

City/State and Zip Code

PEACELOVEMED@GMAIL.COM

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

For further information concerning this matter, please call:

ELI MECHOULLAM

Name of Person

at 954 557-4177

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

PEACE LOVE MED LLC

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 Registered Agent



[illegible]

(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)

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.

Gm

ILANA MECHOULLAM

17 JUL 10 PM 5:28