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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

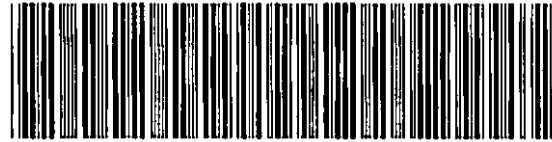
(Business Entity Name)

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STATE OF ILLINOIS
JUL 14 2017

n SCOTT
JUL 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hck Wellness 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:

Dominic T. Alford
Name of Person

Hck Wellness
Firm/Company

1290 Tangstone Drive
Address

Saint Johns, FL 32259-3182
City/State and Zip Code

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

For further information concerning this matter, please call:

Dominic Alford at (830) 992 5976
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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17 JUN 18 PM 3:08
TALLAHASSEE, FL

Hick Wellness LLC

Page 1 of 3

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

Title	Name	Address	Type of Action
AR	Dominic T. Alford	1290 Tangerine Dr S. Mt. Johns, FL 32259-3182	<input checked="" type="checkbox"/> Add
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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.

(b) The 90th day after the record is filed.

5/22/17


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Dominic T. Alford

Typed or printed name of signee

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