

LE0000015419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

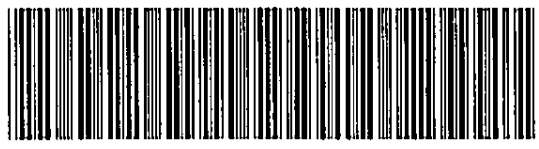
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300308571863

02/07/18--01009--025 **25.00

2018 FEB -7 11:12:55

FEB 08 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVERYBODY'S HEALTH CLINIC OF TITUSVILLE 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:

MITZI L CANARD
Name of Person

EMCI LLC
Firm/Company

1405 STARBOARD ST NW
Address

PALM BAY FL 32907
City/State and Zip Code

MITZILORRAYNE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MITZI L CANARD at (321) 266 1443
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
CEO	JESUS MENDIVIL	851 Bridgeway Blvd	<input type="checkbox"/> Add
		Orlando FL 32828	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Susan Stuib	851 Bridgeway Blvd	<input checked="" type="checkbox"/> Add
		Orlando FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

5

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 February 1, 2018.

Signature of a member or authorized representative of a member

Typed or printed name of signee

check # 109⁰⁰