

L19000 087 174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

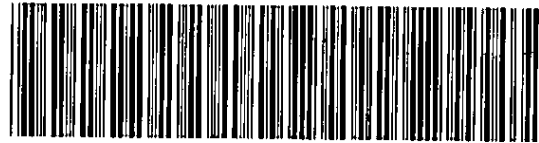
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

SEP 03 2019

C. Kline

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N SHAPE & HEALTH MEDICINE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH SHNOUDA

Name of Person

N SHAPE & HEALTH MEDICINE LLC

Firm/Company

4691 VAN DYKE RD

Address

LUTZ, FLORIDA, 33558

City/State and Zip Code

JSHNOUDA@YAHOO.COM

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

For further information concerning this matter, please call:

JOSEPH SHNOUDA

917 6010440

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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>
MGR	JOSEPH SHNOUDA	4691 VAN DYKE RD.	<input checked="" type="checkbox"/> Add
		LUTZ, FLORIDA 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

20/2019

Joseph Shnouda *Sherry Shnouda*
Signature of a member or authorized representative of a member

JOSEPH SHNOUDA *Sherry Shnouda*
Typed or printed name of Signee