

L19000113176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

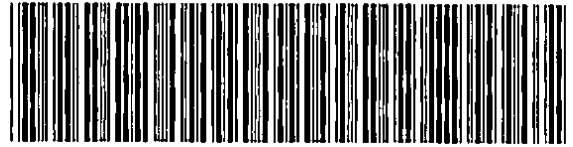
(Business Entity Name)

(Document Number)

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2019 MAY 20 P 3:29
FALLMASHU, CT

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HNO HEALTH 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:

Harley Orzame

Name of Person

Firm/Company

301 East Franklin Ave.

Address

Pomona, CA 91766

City/State and Zip Code

hnohealthllc@gmail.com

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

For further information concerning this matter, please call:

Harley Orzame

626 487-1549
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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

(Name of the Limited Liability Company as it now appears on our records) P 3 29
(A Florida Limited Liability Company) 2015 MAY 29

April 25, 2019 to the Honorable and

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Oviedo, Florida 32765

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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[illegible]

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 record.

Dated May 17, 2019

Signature of a member or authorized representative of a member

Signed or printed name of signee