

L19000 120143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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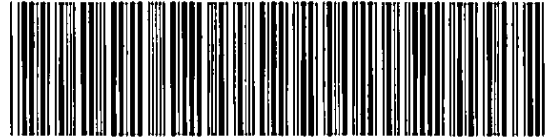
(Business Entity Name)

(Document Number)

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R. WHITE
MAY 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PERUVIAN HERBS 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:

ARTURO VALLEJO
Name of Person
PERUVIAN HERBS LLC
Firm/Company
6020 NW 99TH AVE SUITE 208
Address
DORAL, FL 33178
City/State and Zip Code
delio@dchowaccounting.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTURO VALLEJO 305 639-2522
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020-28 20:1:56

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[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 records.

Dated April 23, 2020

Filing Fee: \$25.00