

L19000148911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

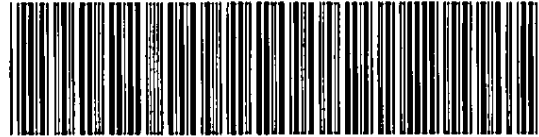
(Document Number)

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FILED  
2020 OCT -9 PM 2:18  
U.S. DEPT. OF COMMERCE  
FBI & U.S. CUSTOMS & BORDER PROTECTION

OCT 19 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2020

MARIO VALDES  
NONSTOP PERFORMANCE RECOVERY LAB, LLC  
10131 KENDALE BLVD  
MIAMI, FL 33176

SUBJECT: NONSTOP PERFORMANCE RECOVERY LAB, LLC  
Ref. Number: L19000148911

We have received your document for NONSTOP PERFORMANCE RECOVERY LAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 020A00018544

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Nonstop Performance Recovery Lab, 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:

Mario Valdes  
Name of Person  
Nonstop Performance Recovery Lab, LLC  
Firm/Company  
10131 Kendale Blvd  
Address  
Miami, FL 33176  
City/State and Zip Code  
mario@nonstoprecoverylab.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Valdes 786 4235755  
at ( )  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

**(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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

July 23 \_\_\_\_\_ 2020  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

**Mario Armando Valdes**

**Filing Fee: \$25.00**