

L19 000209104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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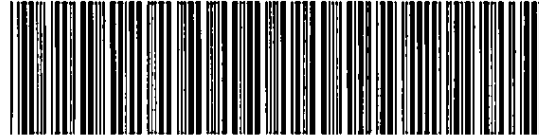
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 13 2019

T. SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEALTH ENROLLMENT CENTER 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:

MOHAMMED A JANGDA

Name of Person

Firm/Company

801 SW 96TH AVE

Address

PEMBROKE PINES , FL 33025

City/State and Zip Code

CALLCENTERHOLLYWOOD@GMAIL.COM

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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16 SEP 03 Change
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16 SEP 03 PM 2:30

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TALLAHASSEE, FLORIDA

(optional)

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(b) The 90th day after the record is filed.

2019

Mustard Oil Seal

Signature of a member or authorized representative of a member

MOHAMMED A JANGDA

Typed or printed name of signee