

L19000213190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

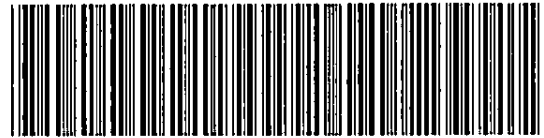
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600406888346

FILED  
2003 APR 24 PM 1:22  
STATE OF  
TX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MUNAY INTEGRATIVE 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:

ACEVEDO, CARMEN HELENA

Name of Person

MUNAY INTEGRATIVE HEALTH LLC

Firm/Company

950 SW 138th AV B-111

Address

PEMBROKE PINES FL 33027

City/State and Zip Code

chacevedoh@gmail.com

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

For further information concerning this matter, please call:

ACEVEDO, CARMEN HELENA

516

360 8756

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

2023 JUN 24 PM 1:22

## MUNAY INTEGRATIVE HEALTH LLC

The Articles of Organization for this Limited Liability Company were filed on 08/20/2019 and assigned Florida document number 119000213190

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

***(Mailing address MAY BE A POST OFFICE BOX)***

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

**, Florida**

( 'in' )

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

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

**AMBR = Authorized Member**

[illegible]

[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)

Dated April, 18th 2023

Typed or printed name of signee

2023/09/26 PM 1:22

**Filing Fee: \$25.00**