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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Katina Health & Wellness, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shanky McCray
Name of Person

Firm/Company

4601 Amesbury Dr. #1332
Address

Dallas tx 75206
City/State and Zip Code

st Info @ opportune publishing. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanky McCray at (832) 792-8269
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 &
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 Address:

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

Dr. Kristina Health & wellness LLC

If Changing Registered Agent, Signature of New Registered Agent

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
		Stephen H	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>Stephen Kennedy</u>	<u>1204 Santa Catalina Ln</u>	<input type="checkbox"/> Add
		<u>N. Lauderdale FL 33068</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

20 JUN 16 AM 10:12
JULIAHOSSELE@FLORIDA

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-16-2001 BY 60322 UCBAW

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-16-2004 BY 60322
UCBAW

(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.

Dated 6/1/2020, 2020

Signature of a member or authorized representative of a member: Shirley Kennedy

Shanley McCray / Kim Henry
Typed or printed name of signee

Filing Fee: \$25.00