

120 000079864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

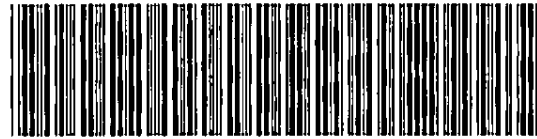
(Business Entity Name)

(Document Number)

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LC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VORTEX COACHING & CONSULTING 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:

HERVETTE MYERS

Name of Person

Firm/Company

4816 EAST LAKE RESERVE BLVD

Address

SAINT CLOUD FL 34771

City/State and Zip Code

hervette.global@gmail.com

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

For further information concerning this matter, please call:

HERVETTE MYERS

407

790-22-60

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

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>
AMBR	HERVETTE D MYERS	4816 E LAKE RESERVE BLVD	<input type="checkbox"/> Add
		SAINT CLOUD FL 347718	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIXIE L GIBBONS	4816 E LAKE RESERVE BLVD	<input type="checkbox"/> Add
		SAINT CLOUD FL 347718	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	HERVETTE MYERS	4816 E LAKE RESERVE BLVD	<input checked="" type="checkbox"/> Add
		SAINT CLOUD FL 347718	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

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 APRIL 19 2021

Henry M

Signature of a member or authorized representative of a member

HERVETTE MYERS

Typed or printed name of signee