

LZ0 000092213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

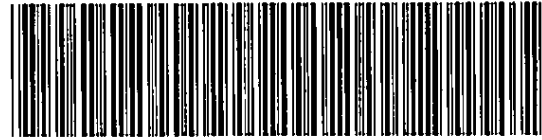
(Business Entity Name)

(Document Number)

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OCT 23 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AHURA NUTRITION 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:

IRINA MACOVEI

Name of Person

HEED OILS LLC

Firm/Company

4009 W KNIGHTS AVENUE

Address

TAMPA, FL 33611

City/State and Zip Code

HEEDOILS@GMAIL.COM

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

For further information concerning this matter, please call:

IRINA MACOVEI

Name of Person

407 738-0309
at (_____) _____
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

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and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number 120000092213

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

SUTTE 129-198 TAMPA, FL 33629

SUITE 129-198 TAMPA, FL 33629

_____, Florida
City

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>
MGR	MOHAMMAD H. SALEHIAN P.A	4009 W KNIGHTS AVE, TAMPA, FL 33611	☐ Add
			☒ Remove
			☐ Change
MGR	TATIANA TRUBCEAC	4009 W KNIGHTS AVE, TAMPA, FL 33611	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

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.

Dated AUGUST 31 2020

Filing Fee: \$25.00