

L20 000 119411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Handwritten signature/initials and date 7/31/21 with a checkmark.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2021

LEKIA WILSON  
1022 RED OAK CIRCLE  
BRANDON, FL 33511

SUBJECT: CARDINAL HEALTH AND WELLNESS, LLC  
Ref. Number: L20000119411

We have received your document for CARDINAL HEALTH AND WELLNESS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 821A00016827

RECEIVED

JUL 28 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cardinal Health and wellness, 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:

LEXIA WILSON  
Name of Person

Cardinal Health and wellness  
Firm/Company

1022 RED OAK CIRCLE  
Address

Brandon/FL/ 33511  
City/State and Zip Code

lwilson.arnpa@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

LEXIA WILSON at (813) 481 8034  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 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	LEKIA WILSON	1022 RED OAK CIRCLE	<input checked="" type="checkbox"/> Add
		Brandon, FL 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LEKIA WILSON	1022 RED OAK CIRCLE	<input checked="" type="checkbox"/> Add
		Brandon, FL 33511	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL

(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 7/23, 2021.



Signature of a member or authorized representative of a member

Lekia Wilson

Typed or printed name of signee

**Filing Fee: \$25.00**