

L20000/49937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

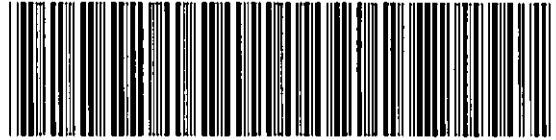
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/01/21--01:03:11--001 **\$0.00

2021 MAR -1 PM 1:08 PM MAR -1 PM 12:51

○ SIMMONS

MAR 01 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYSELF 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:

Dustin Robinson, Esq.

Name of Person

Mr. Cannabis Law

Firm/Company

1000 SE 2nd St. #6

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

drobinson@mrcannabislaw.com

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

For further information concerning this matter, please call:

Dustin Robinson, Esq.

954
at ()

258-6084

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

ED

2021 MAR -1 PM 1:08

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971).

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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 MAR -1 PM 1:08

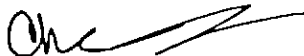
E. Effective date, if other than the date of filing: _____ (optional)

(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 **February 26** , **2021**



Signature of a member or authorized representative of a member

Christina Thomas

Typed or printed name of signee