

LZO 000187982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07/31/20--01017--028 **30.00

2020 SEP 31 11:11:43

C. GOLDEN

SEP 20 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: To Heal Bodywork 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:

Lino L Gomez

Name of Person

To Heal Bodywork and Wellness LLC

Firm/Company

100 Scotia Dr Apt 206

Address

Hypoluxo, FL 33462

City/State and Zip Code

tohealbodyworkandwellness@gmail.com

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

For further information concerning this matter, please call:

Lino L Gomez

561 480-2391
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

\therefore

2-22-77 3:41 PM: 43

(A Florida Limited Liability Company)

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	Lino I. Gomez	100 Scotia Dr Apt 206	<input type="checkbox"/> Add
		Hypoluxo, FL 33462	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Katia M Mercado	100 Scotia Dr Apt 206	<input type="checkbox"/> Add
		Hypoluxo, FL 33462	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

The only change needed through this document is both agent's titles from PRES and VP to MGR.

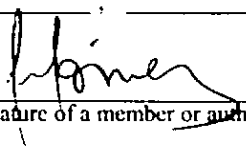
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 July 28, 2020



Signature of a member or authorized representative of a member

Lino L. Gomez

Typed or printed name of signee