

LZ0000282061

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pinecrest Wellness Center, 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:

Susie Estevez

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Name of Person

Pinecrest Wellness Center, LLC

Firm/Company

9771 SW 45 Street

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Address

Miami, FL 33165

City/State and Zip Code

pinecrestwellnesscenterllc@gmail.com

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

For further information concerning this matter, please call:

Susie Estevez

786 000-0401

at ( )

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	Victor Estevez	8830 SW 129 Terrace	<input checked="" type="checkbox"/> Add
		Miami, FL 33176	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2021 APR 12 PM 2:30  
 TALLAHASSEE, FLORIDA  
 STATE OF FLORIDA  
 SECRETARY OF STATE

2021 APR 12 PM 2:30  
JIMMY D. JAMES  
TALLAHASSEE, FLORIDA

2021 APR 12 PM 2:30  
FLORIDA STATE  
TALLAHASSEE, FLORIDA

4/9/2021

**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 April 8, 2021

Signature of a member or authorized representative of a member

Victor Estevez

Typed or printed name of signee

**Filing Fee: \$25.00**

across Wellness Center  
30 SW 129 Terrace  
Miami, FL 33176

MIAMI FL 330  
8 APR 2021 PM 6 L



Registration Section  
Division of Corps  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

32303-411210

