

L210000029860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

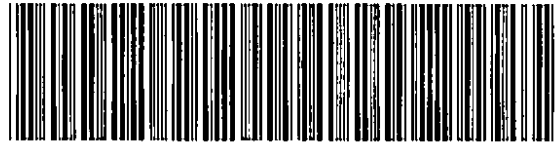
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400374358604

10/06/21--01017--009 \*\*30.00

2021 OCT -6 AM 11:46

FILED

ALLIS  
HILL

OCT 16 2021

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kongo Health 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:

Sonny Arre

Name of Person

KONGO HEALTH LLC

Firm/Company

4429 Hollywood Blvd #814834

Address

Hollywood, FL 33081-4834

City/State and Zip Code

Kongohealth@gmail.com

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

For further information concerning this matter, please call:

Sonny Arre

Name of Person

at ( 305 )

Area Code

746-6779

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

2021 OCT - 6 APR 11:45

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

This amendment is submitted to amend the following:

n/a

**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	Dr Sonny Arre	4429 Hollywood Blvd	<input checked="" type="checkbox"/> Add
		#814834	<input type="checkbox"/> Remove
		Hollywood, FL 33081-4834	<input type="checkbox"/> Change
AMBR	Britney Chatfield	4429 Hollywood Blvd	<input checked="" type="checkbox"/> Add
		#814834	<input type="checkbox"/> Remove
		Hollywood, FL 33081-4834	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

n/a

E. Effective date, if other than the date of filing: n/a (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 October 5, 2021



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Sonny Arre

\_\_\_\_\_  
Typed or printed name of signee