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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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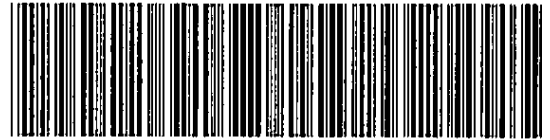
(Business Entity Name)

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A. BUTLER
DEC - 7 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMH Fitness, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for:

Please return all correspondence concerning this matter to the

Melanie Henry
Name of Person

CMH Fitness, LLC
Firm/Company

17915 Bramshot Place
Address

Lutz, FL 33559
City/State and Zip Code

henry@cmhinvests.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Henry at (407) 873-5388
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
210 E. Madison Ave.
Tallahassee, FL 32301

CMH Fitness, LLC

(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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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 _____

Melanie Henry

Typed or printed name of signee