

121000427631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

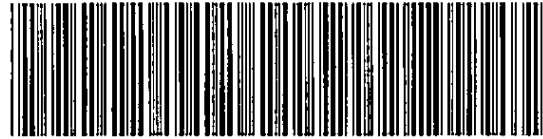
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 OCT 25 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL
10/25/22--01019--15.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFE FORCE FOR WELLNESS, L.L.C.

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:

WILLIAM J ROGERS II

Name of Person

LIFE FORCE FOR WELLNESS, L.L.C.

Firm/Company

13230 HEATHER RIDGE LOOP

Address

FORT MYERS, FL 33666

City/State and Zip Code

william1266rogers@gmail.com

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

For further information concerning this matter, please call:

WILLIAM J ROGERS II

Name of Person

239 691-7950
at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL

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	WILLIAM J ROGERS II	13230 HEATHER RIDGE LOOP	<input type="checkbox"/> Add
		FORT MYERS, FL 33966	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNIFER L HICKS	13230 HEATHER RIDGE LOOP	<input type="checkbox"/> Add
		FORT MYERS, FL 33966	<input checked="" type="checkbox"/> Remove
			<input 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"/> Change

2022 OCT 25 AM 9:00

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TALLAHASSEE, FL

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

JENNIFER IS REMOVING HERSELF FROM THE BUSINESS, LEAVING WILLIAM AS THE ACTIVE
MANAGER OF THE LLC

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TALLAHASSEE, FL

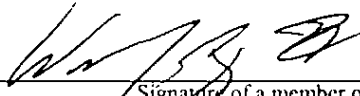
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 10 October, 2022.



Signature of a member or authorized representative of a member

William J Rogers

Typed or printed name of signee