

K21000469166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

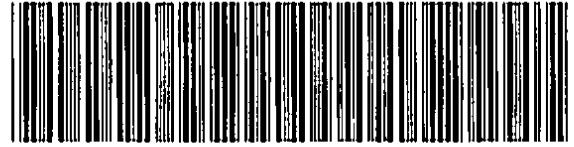
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JAN - 5 2022

Office Use Only



600377853126

12/17/21--01017--023 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YourMedPal, 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:

Dbora Lee
Name of Person

YourMedPal
Firm/Company

3393 Merrick Ct
Address

Margate, FL 33063
City/State and Zip Code

dboralee07@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dbora Lee at (954) 873 - 9551
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

FILED

SECRETARY OF STATE
TALLAHASSEE, FLA.

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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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 12/14/21 .

[Signature]

Signature of a member or authorized representative of a member

Dbora Lee

Typed or printed name of signee

Filing Fee: \$25.00