

122000121300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

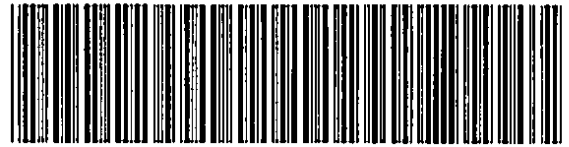
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/22--01015--018 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 APR 28 AM 8:50

FILED

JUN 20 2022
S. PRATHEF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beyond Wellness Healthcare 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:

Dawn White

Name of Person

Beyond Wellness Healthcare LLC

Firm/Company

7901 4TH ST N STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

Dawnwhite0923@gmail.com

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

For further information concerning this matter, please call:

Dawn White

Name of Person

at (813) 2934917

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
2022 APR 28 AM 9:50
FEDERAL BUREAU OF INVESTIGATION
ALLAHABAD, FLORIDA
Special Agent in Charge

(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

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	Dawn White	1118 Soaring Osprey Way	<input checked="" type="checkbox"/> Add
		Valrico, FL 33594	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lorna Stobbs	1504 Oak Valley Blvd	<input checked="" type="checkbox"/> Add
		Minneola, FL 34715	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

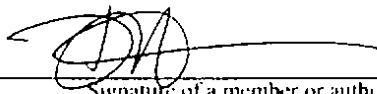
E. Effective date, if other than the date of filing: _____ (optional)

(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 04/23/2022 , 1:00 PM



Signature of a member or authorized representative of a member

Dawn White

Typed or printed name of signee

FILED
2022 APR 28 AM 8:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00