

L22000132098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

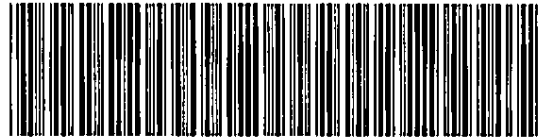
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUN 21 PM 1:58
SUDAN
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Healing Musiq 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:

Victor Dziuba

Name of Person

Healing Musiq LLC

Firm/Company

2219 Cape Coral Pkwy W.

Address

Cape Coral, Florida 33914

City/State and Zip Code

healingmusiq@gmail.com

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

For further information concerning this matter, please call:

Victor Dziuba

Name of Person

at (856)

Area Code

305-0242

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~~
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>
<u>MGR</u>	<u>VICTOR Dziuba</u>	<u>2219 Cape Coral Pkwy W.</u>	<input type="checkbox"/> Add
		<u>Cape Coral, Florida</u>	<input type="checkbox"/> Remove
		<u>33914</u>	<input checked="" type="checkbox"/> Change AMBR
<u>MGR</u>	<u>Alexandra Dziuba</u>	<u>2219 Cape Coral Pkwy W.</u>	<input type="checkbox"/> Add
		<u>Cape Coral, Florida</u>	<input type="checkbox"/> Remove
		<u>33914</u>	<input checked="" type="checkbox"/> Change AMBR
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

We need to change title ~~from~~
to MGR for both individuals
associated with the company.

2022 JUN 21 PM 1:58
STATE OF FLORIDA
TALLAHASSEE, FL

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

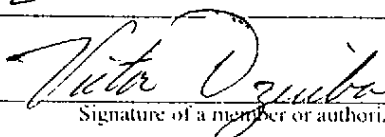
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

6/17/22



Signature of a member or authorized representative of a member

VICTOR Dziuba

Typed or printed name of signee