

L22000288267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

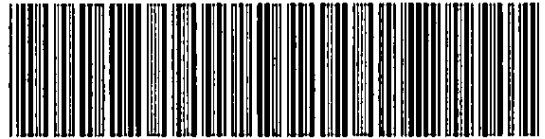
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/19/22--01022---006 **25.00

2022 DEC 19 AM 11:52
SECRET

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inspired Wellness Therapy LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Diaz

Name of Person

Inspired Wellness Therapy LLC

Firm/Company

17374 SW 47th St

Address

Miramar, FL 33029

City/State and Zip Code

inspiredwellnesstherapy@gmail.com

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

For further information concerning this matter, please call:

Pamela Diaz

786 853 6943

at ()

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

2022 DEC 19 AM 11:52
RECORDED
FILED

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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	Sofia Coicou	17374 SW 47th Ct Miramar, FL 33029	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Norma Whitelocke	17374 SW 47th Ct Miramar, FL 33029	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECURITY

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

2022 DEC 9 11:52

E. Effective date, if other than the date of filing: 11/9/2022 (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 December 1st 2022

Signature of a member or authorized representative of a member

Pamela Diaz

Typed or printed name of signee

Filing Fee: \$25.00