

h22000294281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

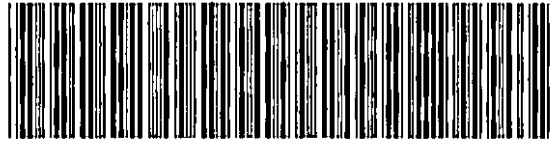
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Miracles & Victorious HealthCare Support Solutions, 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:

Verdie M. Williams

Name of Person

JMC Multi Services, LLC

Firm/Company

2893 West Sunrise Boulevard

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

jmcslvs@gmail.com

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

For further information concerning this matter, please call:

Verdie M. Williams

954

791-1701

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

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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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TALLAHASSEE, FL.

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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 07/05/2022, 07/05/2022

Yakine Freeman-Clark

Signature of a member or authorized representative of a member

Valerie Freeman-Clark

Typed or printed name of signee

Filing Fee: \$25.00