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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

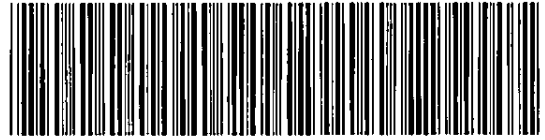
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR -1 PM 4:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BING HOLISTICS 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:

BAQUISHA BING
Name of Person

BING HOLISTICS LLC
Firm/Company

7531 ALLSPICE CIRCLE SOUTH
Address

JACKSONVILLE, FL, 32244
City/State and Zip Code

BAQUISHA.BING1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BAQUISHA BING at 904 415-7445
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

in 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

[illegible]

