

L23000127954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FILE
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2023 JUN -7 AM 9:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2023

SKEETER CLARKE
HEALTHY HEART AND MIND, LLC
3350 SW 148TH AVENUE SUITE 110
MIRAMAR, FL 33027 US

SUBJECT: HEALTHY HEART AND MIND, LLC
Ref. Number: L23000127954

We have received your document for HEALTHY HEART AND MIND, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

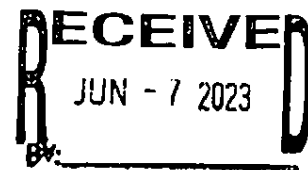
The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 623A00011043



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHY HEART AND MIND, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SKEETER CLARKE

Name of Person

HEALTHY HEART AND MIND, LLC

Firm/Company

3350 SW 148TH AVENUE SUITE 110

Address

MIRAMAR, FL 33027

City/State and Zip Code

HEALTHYHEARTANDMINDLLC@GMAIL.COM

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

For further information concerning this matter, please call:

SKEETER CLARKE

754

366-6225

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

2003 JUN -7 PM 9:00
FILE

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>
MGR	SKEETER CLARKE	3350 SW 148TH AVENUE SUITE 110	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SKEETER CLARKE	3350 SW 148TH AVENUE SUITE 110	<input type="checkbox"/> Add
		MIRAMAR, FL 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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.

Dated May 31, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

2023-07-07 09:01

Filing Fee: \$25.00