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2023 AUG 8 PM 7:31
STATE
FL

R. HUNT
08/08/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: H.E.R. Wellness Center, 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:

Tara Woodall
Name of Person
Firm/Company
1333 College Parkway #1115
Address
Gulf Breeze, Florida 32563
City/State and Zip Code
woodallrn@mc.com
E-mail address: (to be used for future annual report notification)

RECEIVED
STATE OF FLORIDA
TALLAHASSEE, FL
JUN 18 2008 PM 7:31

For further information concerning this matter, please call:

Tara Woodall 706 627-1279
Name of Person at () 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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

STATE
MISSISSIPPI
JUN 7 2011

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

Multiple horizontal lines for amending information. A stamp is visible on the right side of the lines, oriented vertically, containing the text: 2/23/21, 1:08 PM, 7:31, DEPARTMENT OF STATE, TALLAHASSEE, FL.

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)(t)

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 July 31, 2023

Tara Woodall

Signature of a member or authorized representative of a member

Tara Woodall

Typed or printed name of signee