

L23000354497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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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
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
2003 JUN -8 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

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