

L24000058284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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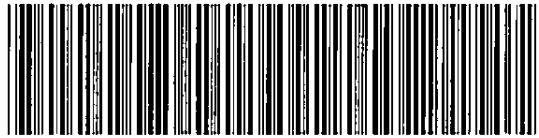
(Business Entity Name)

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2024 MAY 28 AM 7:44
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TALLAHASSEE, FL

A. HUNT

05/28/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORSE'S HEALTH CLINIC AND HANDCRAFTED STORE 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:

ROBERT S MORSE

Name of Person

MORSE'S HEALTH CLINIC AND HANDCRAFTED STORE LLC

Firm/Company

1032 TAMIAMI TRAIL UNIT 8

Address

PORT CHARLOTTE, FL 33953

City/State and Zip Code

INFO@DRMDC.HEALTH

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

For further information concerning this matter, please call:

MATTHEW PRZYBOS

941
at ()

623-1313

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

EIN NUMBER: 99-1206073

E. Effective date, if other than the date of filing: 5/21/2024 (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)(b)

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 MAY 21, 2024



Signature of a member or authorized representative of a member

ROBERT S MORSE

Typed or printed name of signee