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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Support Menopause Awareness 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:

Narva Reed
Name of Person

Firm/Company

P.O. Box 13
Address

Mary Esler FL 32569
City/State and Zip Code

Support@SupportMenopauseAwareness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Narva Reed at (850) 844-9662
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

Support Menopause Awareness LLC
(Name of the Limited Liability Company as it now appears on our

If Changing Registered Agent, Signature of New Registered Agent

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Nave Reed
Signature of a member or authorized representative of a member

Narva Reed
Typed or printed name of signee