

109000003858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

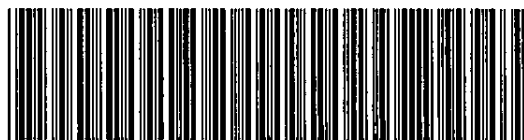
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/26/14--01007--024 \*\*25.00

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14 OCT -3 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT -7 2014

T. HAMPTON

From:

10/07/2014 10:25

#806 P.001/003

ATTN - Tammy  
**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Health and Beyond 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:

**Teresa Badillo**

Name of Person

**Health and Beyond LLC**

Firm/Company

**7050 W Palmetto Pk Rd # 15-554**

Address

**Boca Raton, Florida 33433**

City/State and Zip Code

**drlarrydirect@gmail.com**

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

For further information concerning this matter, please call:

**Teresa Badillo**

at **561 350-9967**

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CHECK already received



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2014

TERESA BADILLO  
7050 W PALMETTO PARK RD  
# 15-554  
BOCA RATON, FL 33433

SUBJECT: HEALTH AND BEYOND LLC  
Ref. Number: M09000003858

We have received your document for HEALTH AND BEYOND LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. 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) 245-6051.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 814A00021125

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: HEALTH AND BEYOND LLC M09000003858

2. Jurisdiction of its organization: OREGON

3. Date authorized to do business in Florida: 09/29/14

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: REMOVE SANDRA KASTEN-LEGUNN AND ADDING TERESA BADILLO AS MGR

NEW RA IS TERESA BADILLO AT 7050 W PALMETTO PARK RS # 15-554 BOCA RATON, FL 33433

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

TERESA BADILLO - MGR & REGISTERED AGENT

Typed or printed name of signee

**Filing Fee: \$25.00**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

FILED  
14 OCT -3 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA