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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

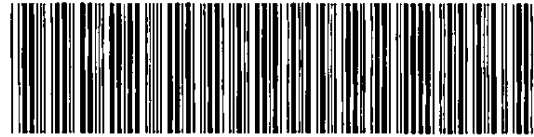
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Wave Medical PA, 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:

Mark Zhuk
Name of Person

MAZ18 Holdings Inc
Firm/Company

1045 95th Street, Suite 300
Address

Bay Harbor Islands, FL 33154
City/State and Zip Code

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

For further information concerning this matter, please call:

Mark Zhuk at 305 799-5133
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

New Wave Medical PA, LLC

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	¹⁸ MAZEHoldings INC	405 Hibiscus Drive #110 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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5.5.2017

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.

Dated 7.5 2017
arzum
 Signature of a member or authorized representative
Mark Zhuk
 Typed or printed name of signatory