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SECRETARY OF STATE

APPROVED

D. BRUCE
SEP 0 5 2012
EXAMINER

COVER LETTER

TO: Registration Division of C		स्छ	,	Λ.	
SUBJECT:	NULIFE HEAL	THLARE, LLC			
	Name of Lim	THLARE, LLC ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	SHEL	By MATTHEW Name of Person			
		Name of Person			
		Firm/Company			
	1620 0	U. Oakland fack blud +2 Address	وح		
		Address			
	Oakland	Park, FC 33311			
	0 4	City/State and Zip Code w 147 @ gma: 1. com (to be used for future annual report notifica		SEC ALL	
	E-mail address:	w 141 Ognail. Com	tion)	12 SEP SECRET ALL AH	À
For further information	concerning this matter, please		,	ARY 1888	FR
Shulby	Mathew of Person	at (954) 281-8370		PH I2: 21	Me of the contract of the cont
Name	of Person	Area Code & Daytime T	elephone Number	7.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	
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 Certificate of Certified Co (additional of	of Status &	ed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NULIFE H	EALTHCARE,	LLC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears of Limited Liability Company)	o <u>n our records.</u>)
	Company were filed on	
This amendment is submitted to amend the following:	new name of the limited liability company here: E THERAPY SERVICES, LLC The and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Therefore the service of the limited Liability Company, the designation "LLC" or the abbreviation Therefore the service of the servi	
A. If amending name, enter the new name of the lin	nited liability company here:	
NULIFE THERA	PY SERVICES, L	LC
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADD	RESS)	EC 2
		REI E
		FIAN FIANCES
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		10A 28
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	_	
	Enter	Florida street address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 608, 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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Action
			Add Remove
			Remove
			
			Add Remove
			
ameno	ding any other information, ente	r change(s) here: (Attach additional shee	
			12 SEP -4 SECRETARY TALL AHASSEE
 	August 29	2012	FILED FILED AND FILED ARY OF SIAN ASSEE FLORID
·	5/11/	Made	

Page 2 of 2

Filing Fee: \$25.00