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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
SEP 05 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NULIFE HEALTHCARE, 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:

SHELBY MATTHEW
Name of Person

Firm/Company

1620 W. Oakland Park Blvd #202
Address

Oakland Park, FL 33311
City/State and Zip Code

Smathew147@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelby Mathew at (954) 281-8370
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

NULIFE HEALTHCARE, LLC

(A Florida Limited Liability Company)

NULIFE THERAPY SERVICES, LLC

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TALLAHASSEE, FLORIDA

Page 1 of 2

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated August 29, 2012

Shelby Mathew

Signature of a member or authorized representative of a member

SHELBY MATHEW

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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