

✓
L06000117680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

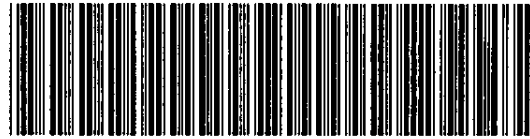
(Business Entity Name)

(Document Number)

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FILED
JAN 24 2014
FALLA, S. J. 10:10

B. BOSTICK
JAN 29 2014
F. J. J. J. J.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NuLifeTherapy Services, 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:

Barry M. Sickles, Esq.

Name of Person

Law Office of Barry M. Sickles

Firm/Company

10100 West Sample Road, Suite 404

Address

Coral Springs, Florida 33065

City/State and Zip Code

KenV@fcbb.com

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

For further information concerning this matter, please call:

Barry M. Sickles, Esq.

Name of Person

at **954 255 7360**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

TALLAHASSEE, FL 32301

2014 JAN 24 PM 3:56

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NuLife Therapy Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 8, 2006 and assigned Florida document number L06000117680.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8648 NW 59th Place

(Principal office address MUST BE A STREET ADDRESS)

Parkland, Florida 33067

Enter new mailing address, if applicable:

8648 NW 59th Place

(Mailing address MAY BE A POST OFFICE BOX)

Parkland, Florida 33067

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Barry M. Sickles, Esq.

New Registered Office Address:

10100 West Sample Road #404

Enter Florida street address

Coral Springs

, Florida 33065

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|-----------------------------|--------------------------------------------|
| MGR | Shelby Mathew | 1620 W Oakland Park Blvd | <input type="checkbox"/> Add |
| | | Suite 202 | <input checked="" type="checkbox"/> Remove |
| | | Oakland Park, Florida 33311 | |
| MGR | Kenneth W. Vichinsky | 8648 NW 59th Place | <input checked="" type="checkbox"/> Add |
| | | Parkland, Florida 33067 | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
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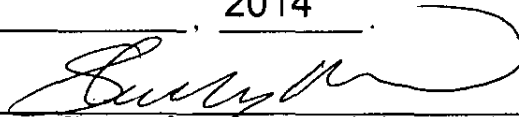
TALLAHASSEE, FLORIDA
JAN 26 PM 3:06

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 20, 2014



Signature of a member or authorized representative of a member

Shelby Mathew

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 JAN 24 PM 3:56
TALLAHASSEE, FLORIDA