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## COVER LETTER

TO:

Registration Section

**Division of Corporations** NULIFE THERAPY SERVICES, LLC SUBJECT: 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 408 Address **CORAL SPRINGS, FLORIDA 33065** City/State and Zip Code JRATTRIS@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN T. RATIER 209 5440 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NULIFE THERAPY SERVICES,			i .		
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on our rebility Company)	cords.)	4 7 C	
The Articles of Organization for this Limited L Florida document number L06000117680	iability Company w	ere filed on DECEMBER	8, 2006	and assigned	
This amendment is submitted to amend the foll	J			発見し	
A. If amending name, enter the new name of	or the limited habiti	y company nere:	<u> </u>	26 26	
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designation "	'LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		911 DOGWOOD DRIVE NORTH  MURRELLS INLET, SOUTH CAROLINA 29576			
B. If amending the registered agent and registered agent and/or the new registered o	or registered offic ffice address here: JOHN RATIER	e address on our reco	ords, enter the	name of the ne	
Name of New Registered Agent:	JOHN KATIEK			<del></del>	
New Registered Office Address:	25664 CITRUS B	LOSSOM DRIVE  Enter Florida street aa	11		
	DONITA OPPINI		24125		
	BONITA SPRING	iS City	, Florida <sup>34135</sup>	Zip Code	
New Pagistered Agent's Signature, if changing	Dadatanad Amarka	City	4	лр Соче	

## 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

/Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KENENTH W. VICHINSKY	8648 NW 59TH PLACE	
		PARKLAND, FL 33067	■ Remove
			☐ Change
MGR	JOHN T. RATIER, JR.	911 DOGWOOD DRIVE NORTH	■ Add
		MURRELLS INLET, SOUTH CAI	□ Remove
			Change
			☐ Change
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