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K. SALY  
EXAMINER

OCT 24 2011

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LIVINGPROOFLIFEMINISTRIES, 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:

**Parris Gunn**

Name of Person

**LIVINGPROOFLIFEMINISTRIES, LLC**

Firm/Company

**2174 ORCHARD PARK DR**

Address

**SPRING HILL FL 34608 US**

City/State and Zip Code

**livingproof.h.w.musicministry@gmail.com**

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

For further information concerning this matter, please call:

**Parris Gunn**

Name of Person

at ( **352** )

**577-5856**

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

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

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