

214 0000 7MSS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

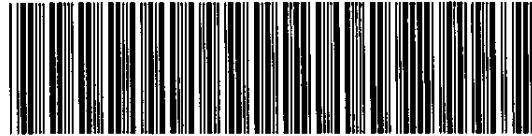
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/07/14--01004--003 **25.00

14 AUG -7 AM 10:49
STATE
FALL ARIZONA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NUMED ENTERTAINMENT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAUREN BANNIGAN

Name of Person

NUMEDCARE LLC

Firm/Company

4800 NORTH FEDERAL HWY SUITE 6300

Address

BOLA RATON, FL 33431

City/State and Zip Code

LBannigan@Numedcare.com

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

For further information concerning this matter, please call:

Lauren Bannigan

Name of Person

at (561)

Area Code

288-5285

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

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

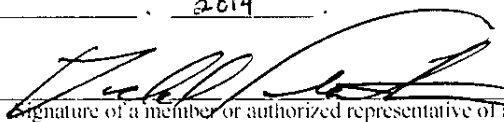
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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 August 4th, 2014



Signature of a member or authorized representative of a member

TODD STEPHENS

Typed or printed name of signee

16 AUG -7 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA