

L14000053150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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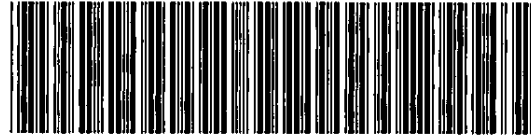
(Business Entity Name)

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B. BOSTICK
APR - 9 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lori Nikolic 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:

Lori A. Nikolic
Name of Person
Lori Nikolic Healthcare, LLC
Firm/Company
5239 Box Turtle Circle
Address
Sarasota FL 34232
City/State and Zip Code
LNikolic@MSN.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori A. Nikolic at (941) 525 2228
Name of Person 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

2014 JUN 17 3:34

5239

Lori Nikolic Healthcare, LLC

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MGR = Manager
AMBR = Authorized Member

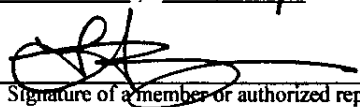
2014-2015
Add
Remove

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 April 2, 2014.



Signature of a member or authorized representative of a member

Lori A. Nikolic

Typed or printed name of signee

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Filing Fee: \$25.00

