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TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

2/1/15

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Omega Advanced Nurse Practice, 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:

**Reynald Omega**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**8465 Phoenician CT**

\_\_\_\_\_  
Address

**Davie FL 33328**

\_\_\_\_\_  
City/State and Zip Code

**oreynald@gmail.com**

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

For further information concerning this matter, please call:

**Reynald Omega**

**954 303-3394**  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

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|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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Clifton Building  
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Tallahassee, FL 32301



**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>
AMBR	Jovens N. Sans Peur	8465 Phoenician Ct	<input checked="" type="checkbox"/> Add
		Davie FL 33328	<input type="checkbox"/> Remove
AMBR	Ilda E. Sans Peur	8465 Phoenician Ct	<input checked="" type="checkbox"/> Add
		Davie FL 33328	<input type="checkbox"/> Remove
AMBR	Sans Pear Jouens N	8465 Phoenician C	<input type="checkbox"/> Add
		Davie FL 33328	<input checked="" type="checkbox"/> Remove
AMBR	Ssna Pear, Ilda E	8465 Phoenician Ct	<input type="checkbox"/> Add
		Dave FL 33328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: 02-01-2015 (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 12, 2015.



Signature of a member or authorized representative of a member

Reynald Omega

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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