

LF5000114032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

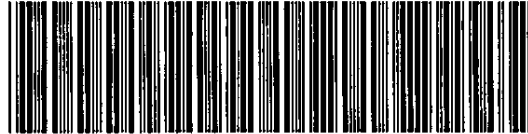
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 09 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2015

GREGORY MURPHY
PO BOX 1319
LUTZ, FL 33549

SUBJECT: NEW LIFE MEDICAL SERVICES, LLC
Ref. Number: L15000114032

We have received your document for NEW LIFE MEDICAL SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 015A00019240

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TALLAHASSEE, FLORIDA

FAX COVER SHEET

TO	Sheila
COMPANY	Sunbiz
FAXNUMBER	18502456030
FROM	Joshua Mansavage
DATE	2015-11-09 20:17:14 GMT
RE	New Life Medical Service Amendment

COVER MESSAGE

Sheila,

Sorry for delay. Attached is the amendment for the article of Organization for New Life Medical. I also attached the receipt for electronic submission for your records. Thank you!

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15 NOV -9 PM 4:26
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TALLAHASSEE, FLORIDA

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15 SEP 10 PM 5:14
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Life Medical Services, 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:

Gregory Murphy

Name of Person

New Life Medical Services, LLC

Firm/Company

P.O. Box 1319

Address

Lutz, FL 33549

City/State and Zip Code

gregorym@betterhealthservice.com

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

For further information concerning this matter, please call:

Gregory Murphy

Name of Person

813 784-4935
at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Address/Change of Registered Agent
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:

Vicki L. Mansavage

Name of Person

New Life Medical Services, LLC

Firm/Company

Post Office Box 1319

Address

Lutz, FL 33549

City/State and Zip Code

vickim@newliferegen.com

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

For further information concerning this matter, please call:

Vicki Mansavage

813

943-5787

at ()

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited Liability Company were filed on 7/1/15 and assigned
Florida document number L15000114032

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

33905 State Road 54

(Principal office address MUST BE A STREET ADDRESS)

Suite 102

Wesley Chapel, FL 33543

Enter new mailing address, if applicable:

Post Office Box 1319

(Mailing address MAY BE A POST OFFICE BOX)

Lutz, FL 33549

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Vicki L. Mansavage

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth Huffstutler	6001 Pine Bluff Lane	<input type="checkbox"/> Add
		Mascotte, FL 34753	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vicki Mansavage	18930 Spring Hollow Drive	<input checked="" type="checkbox"/> Add
		Lutz, FL 33559	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Mansavage	32711 Coldwater Creek Loop	<input checked="" type="checkbox"/> Add
		Wesley Chapel, FL 34754	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 19, 2015

Signature of a member or authorized representative of a member

Gregory Murphy

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00