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MAY 17 2016
S. YOUNG

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: INNER STRENGTH HEALT ADVOCATES 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:

MARY BARON

Name of Person

INNER STRENGTH RN HEALTH ADVOCATES LLC

Firm/Company

20680 LARINO LOOP

Address

ESTERO, FL 33928

City/State and Zip Code

MMBND@COMCAST.NET

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

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For further information concerning this matter, please call:

MARY BARON

617 230-2806
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

Justin
Shivers

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>
			<input type="checkbox"/> Add
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(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.

Dated MAY 12 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee