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(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRICARE HEALTH 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:

NELSON OHIOIN
Name of Person

PRICARE HEALTH LLC
Firm/Company

4269 MAPLEHURST WAY
Address

SPRING HILL FL 34609
City/State and Zip Code

Ohioin@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NELSON OHIOIN at (727) 271 7553
Name of Person Area Code 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

PRICARE HEALTH LLC

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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>
CMID	DUKE, OKORODAEOR	11634 TANGLE STONE DR.	<input type="checkbox"/> Add
		GIBSONTON, FL 33534	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CMID	MADWAGWA, OKORODAEOR	11634 TANGLE STONE DR.	<input checked="" type="checkbox"/> Add
		GIBSONTON, FL 33534	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Dated 08-27-2018, 2018

NELSON
Typed or printed name of signer