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(Address)

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(City/State/Zip/Phone #)

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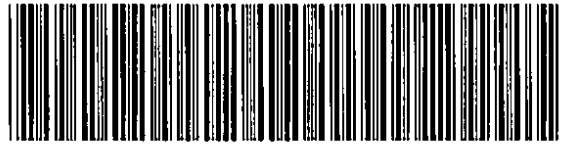
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JUN 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shifa Healthcare Holdings, 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:

Scott A. Frick, Esq.

Name of Person

Frick Law Group, P.A.

Firm/Company

1005 N Marion Street

Address

Tampa, Florida 33602

City/State and Zip Code

sfrick@fricklawgroup.com

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

For further information concerning this matter, please call:

Scott A. Frick, Esq.

813

344-3545

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

Page 1 of 3

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	Pariksith Singh, MD	12900 Cortez Blvd., Suite 203	<input type="checkbox"/> Add
		Brooksville, Florida 34613	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 June 6

24115

Signature of a member or authorized representative of a member

Scott A. Frick, Esq., Agent

Typed or printed name of signee