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(City/State/Zip/Phone #)

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S. YOUNG

2020 JUL 13 PM 4:21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Age Healthcare 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:

Corey Tiger
Name of Person

New Age Healthcare LLC
Firm/Company

2401 NE 65th Street, #207
Address

Fort Lauderdale, FL 33308
City/State and Zip Code

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

For further information concerning this matter, please call:

Corey Tiger
Name of Person

at (954) 254-4321
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

New Age Healthcare LLC

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>
MM	Andrew Powell	251 NW 92 Ave	<input type="checkbox"/> Add
		Coral Springs Fl. 33071	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MM	Corey Tiger	2401 NE 65 th St U-207	<input type="checkbox"/> Add
		Fort Lauderdale Fl. 33308	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00