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Office Use Only







January 23, 2022

ALTHELIA L. TURNER 7154 NORTH UNIVERSITY DRIVE SUITE 108 TAMARAC, FL 33321

SUBJECT: NU-U4LIFE LLC Ref. Number: L20000199368

We have received your document for NU-U4LIFE 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6053.

Letter Number: 522A00001760

Yvette Scott Supervisor

www.sunbiz.org

De la company de

COVER LETTER

Division of Corporations
SUBJECT: MUALIFY 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:
Althelia Turner.
MUUA Life, LLC. Firm/Company
7154 N University Dr # 108
Tamarac FV 33321 City/State and Zip Code
E-mail address: (to be used for tuture annual report notification)
For further information concerning this matter, please call:
Althelia Turned at 954 448-0951 of 305-791-4 Name of Person at Ode Daytime Telephone Number
Enclosed is a check for the following amount: Besubmitting PWel/LosTin Hi
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}\$\$\$}\$
Mailing Address: Street Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

Previously assigned to Nvette Scott

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nu-ua Life Lability Comp (A Florida Limited	pany as it now appears on our records. Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number 1200001998	y were filed on 2000 / 10	Julk and assigned
A. If amending name, enter the new name of the limited lia. The new name must be distinguishable and contain the words "Limited Liab	als LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	2022 AP
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	R-I AM 0: 17
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Flor	rida 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>	Type of Action
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Filing Fee: \$25.00