L03000048821

(Demonstrate Names)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Ellity Name)
(Document Number)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

1.

T. HAMPTON

MAR - 1 2011

EXAMINED

COVER LETTER

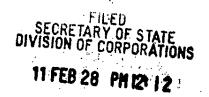
TO: Registration So Division of Con					
SUBJECT:	Good	l Life Realty			
Scholett.		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Т	empleton B Hamilton			
		Name of Person			
Good Life Realty					
		Firm/Company			
	8	140 Blaikie Ct. Unit C			
	<u>-</u>	Address			
		Sarasota, FL 34240			
		City/State and Zip Code			
temp@goodliferealty.com E-mail address: (to be used for future annual report notification)			ition)		
For further information of	concerning this matter, please of	eall:			
Templ	eton B Hamilton	at (_941 ₎ 3	42-9889		
Name of Person		Area Code & Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GOOD	LIFE REALTY, LLC	•	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	12/02/2003	and assigned
Florida document number L03000048821	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADL	ORESS)	.	
Enter new mailing address, if applicable:	 -		
(Mailing address MAY BE A POST OFFICE BOX)	484		
	-		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Er	nter Florida street add	ress
		. Florida	
	City	, 1 101 144	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

Dated

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action MGRM** William Bedard 8140 Blaikie Ct. ✓ Add Remove Unit C Sarasota, FL 34240 Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

February 24		• (
201	enfette B Lamet of a member or authorized representative of	_
Signature	of a member or authorized representative of	a member
	Templeton B Hamilton	

Typed or printed name of signee

Page 2 of 2 Filing Fee: \$25.00