## L06000055362

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B. BOSTICK
DEC 20 2010
EXAMINED

## **COVER LETTER** #

TO: Registration Division of C	Section orporations
SUBJECT:	Florida Life Properties, LLC
	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corres	pondence concerning this matter to the following:
	J. Eric Tennison
	Name of Person
	Firm/Company
	8165 NW 4th Lane
	Address Address
	Ocala FL 34482  City/State and Zip Code  SSE
	Ocala FL 34482  City/State and Zip Code  Orio Offeridalife proportion com
	eric@floridalifepropeties.com  E-mail address: (to be used for future annual report notification)  Concerning this matter please call:
For further information	eric@floridalifepropeties.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:
J.ERK-	<b>▲・</b>
	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	Solution Fee & Solution Status

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

FI	orida Life Properties, LLC		
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	5/30/2006	and assigned
Florida document numberL0600005	5362		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end w	ith the words "Limited Liability Compa	ny," the designation "L	/) <del></del>
Enter new principal offices address, if appli	cable:	T All	9 DE
(Principal office address MUST BE A STRE	ET ADDRESS)	ASS	
			- Property
ns. dr. 11 de 11 11		LOR	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		——————————————————————————————————————	
Maning undress MAT BE A POST OF FICE	<u></u>		
B. If amending the registered agent and registered agent and/or the new registered o		ur records, <u>enter 1</u>	ne name of the new
Name of New Registered Agent:	J. Eric Tennison		
New Registered Office Address:			
	Ent	er Florida street addr	ess
	Cit.	, Florida	Zip Code
	City		Zip Coae

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

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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 MGRM = Managing Member Title Type of Action <u>Name</u> **Address** MGR J Eric Tennison P.A. 1725 1/2 E 7th Ave Suite 4 ☐ Add Tampa FL 33605 ✓ Remove J. Eric Tennison MGR 8165 NW 4th Lane **✓** Add Remove Ocala FL 34482 Add Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 15th 2010 Dated \_ Signature of Amember or authorized representative of a member J. Eric Tennison Typed or printed name of signee

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Filing Fee: \$25.00