LD600055362

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(Address)				
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EXAMINER



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SECHETARY OF STATE

11 JUL 21 AMII: 3

COVER LETTER

Division of Co	rporations					
SUBJECT:	Florida Life	e Properties, LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	·			
Please return all correspondence	ondence concerning this matter	to the following:				
		J. Eric Tennison				
		Name of Person				
	Flor	Florida Life Properties, LLC				
		Firm/Company				
	8165 NW 4th Lane					
	Address					
	Ocala, FL 34482					
	City/State and Zip Code					
	eric@ E-mail address: (1	ution)				
For further information of	concerning this matter, please c	ali:				
J. E	Eric Tennison	at (813) 3	33-6316			
Name of Person		Area Code & Daytime 1	Celephone Number			
Enclosed is a check for t	he 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:

TO:

Registration Section

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

Flori	da Life Pro	perties, LLC		
(<u>Name of the Limited Li</u> (A F	iability Compan Iorida Limited L	y as it now appear ability Company)	s on our records.)	
The Articles of Organization for this Limited Liab	5/30/2006	and assigned		
Florida document number L060000553	62			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabi	lity company her	e:	
The new name must be distinguishable and end with t "L.L.C."	he words "Limit	ed Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	2708 N 22nd	St.		
(Principal office address MUST BE A STREET)	<u>4DDRESS)</u>	Tampa, FL 33	3605	
Enter new mailing address, if applicable:			A A Ca	JUL 2
(Mailing address MAY BE A POST OFFICE BOX)				
				5 = (
B. If amending the registered agent and/or			ær records, <u>enter≯</u>	he name of the nev
registered agent and/or the new registered offic	e address here	•		
Name of New Registered Agent:				
New Registered Office Address:	2708 N 22nd			
		Ent	er Florida street addi	ess
	······································	Tampa	, Florida	33605
		City		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 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Anthony Andrew Guti		St.
·			Add Remove
	**************************************		Add Remove
			AddRemove
			AddRemove
			Add Remove
D. If amend	ling any other information, e	ter change(s) here: (Attach aa	dditional sheets, if necessary.)
 Dated	July 20th	. 1 2011	
Daiçu		Min	
	Signature	J. Eric Tennison Typed or printed name of sign	
		i yecu oi pinneu name oi sigi	AICC .

Page 2 of 2

Filing Fee: \$25.00