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(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE ALLAHASSEF FI COLOR

A. LUNT

FEB 19 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
· SUBJECT:	Gil ded	Lifestyle LCC		
	(Name of Lim	ited Liability Company)		
	f Amendment and fee(s) are sub			
Please return all corresp	ondence concerning this matter	to the following:		
	Sarah	Scarne		
		(Name of Person)		
	6713	ed Literale LLC (Firm/Company)		
	814	Duff Drive		
	latinde	(Address) Coasdon FC 3478 (City/State and Zip Code)	ZOOB TALLA	
		(City/State and Zip Code)	2008 FEB 18 SECRETARY I ALLAHASSEE	
For further information	concerning this matter, please of	eall:	EB 18 P 4: TARY OF STATIASSEE. FLORI	m
<u>Sanh</u>	Scarsul of Person)	at (321) 246 - 23 Y (Area Code & Daytime Tel	/ L.J	Ö
•	,			
Enclosed is a check for	_	, managaran (m. 1941)		
\$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 enclos	ed)
MAI	LING ADDRESS:	STREET/COURIER	ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	I ded Litestyle		
(Name of the Limited L (A F	iability Company as it now appear lorida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liab		ctole 16, 2	206 and assigned
Florida document number	<u>47 7</u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company her	<u>e</u> :	
A. If amending name, enter the new name of the new name must be distinguishable and end with 'L.L.C." B. If amending the registered agent and/or	the words "Limited Liability Compa	ny," the designation AHASS	"Lage" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o <u>ce address here</u> :	ur records, Mtér	the name of the new
B. If amending the registered agent and/or registered agent and/or the new registered office agent. Name of New Registered Agent:	Such Sin	STATE LORIDA	= 0
	Sarch Sco. 310 E Pine	57	,
New Registered Office Address:	(En	iter Florida street a	ddress)
	210 E Pine (En Orlando (City)	, Florida _	32801
	(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 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 · .

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
n6lm	Calib Sione	814 Out Oriver winter vaices Di 34787	Add Remove
MERM	Sakah Scarone	310 E Ping St Orlando FC 32801	Add Remove
			Add Remove
			Add Remove
		ECRETARY LLAHASSE	Add Remove
		OF STATE E. FLORIDA	A CO
D. If ame	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.,)
_	new address of co	ompany:	
ــــ	814 Ouff Drive		
_	Winder Garden	FL 32801	<u> </u>
_			
Dated _	<u>ebruary 15, 2</u>	008.	
	Sarah K	Source of a member	
	<u>Sarah M</u> Typ	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00