10700019863

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	, , ,				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL				
(Document Number) Certified Copies Certificates of Status					
(Document Number) Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Business Entity Name)				
Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Document Number)				
	,				
Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
Special Instructions to Filing Officer:					
·	Special Instructions to Filing Officer				
	Special manuscrotte to 1 ming officer.				
	·				
•					
	·				
, i					
	,				

Office Use Only



700132942057

07/16/08--01031--014 **30.00

B. Forthern JUL 17 2008

COVER LETTER

Division of Corporations		
SUBJECT: Changing Cives 4 Ed	JER, LCC	
(Name of Limited	l Liability Company)	
		·
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.	
Please return all correspondence concerning this matter to	the following:	
JAYSON -	Jones	
	(Name of Person)	
	(Firm/Company)	
30 62 /064	Luca P/ 400	
30 62 Light	(Address)	
: 1000 MARGATE, F	77067	
(C	City/State and Zip Code)	<u> </u>
		•
For further information concerning this matter, please call:	·.	•
SCAVON SANO	5 al. 967	^
(Name of Person)	at (703) 966 943 (Area Code & Daytime 7	7 Felenhone Number)
(1.44.16 0. 1.61.50.1)	(. non code as Buy, inte	, ·
		* <i>(</i> **
Enclosed is a check for the following amount:		
\$25.00 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: Registration Section	STREET/COURIER	R ADDRESS:
Division of Corporations	Registration Section Division of Corporati	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building - 2661 Executive Cente Tallahassee, FL 3230	er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CharGNG Luce 4 Fise	OF OR OF OR
Changing Lives 4 Ever, (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 40700019863	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3062 Lighthouse PC MARGATO FC 33062
(Principal office address MUST BE A STREET ADDRESS)	MARGATE, FL 33063
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3062 Cyhthouse PC MARGAte, FC 33063
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, Florida

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.

(City)

(Zip Code)

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 = N	Ianaging Member		
Title '	Name	Address	Type of Action
MGR	JACquel Jones	7501 Republic Ct + 101 Alexandria, VA 22306	Add Remove
MGR	JAYSON JONES	3062 Lighthouse PC MARGATE, EL 33063	Add Remove
MGRM	JACque L Jones	2625 ARINGTON DR # 304 Alexandria, va 22306	Add Remove
<u>MGRM</u>	Jeremiah Dixon		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	· ·
Dated	June 18 , 200	<u> </u>	
	Jayson love	or authorized representative of a member	
	\ \ \ \ \ \ \ \ \ \ \ Typegl	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00