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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 01 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DURALIFE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL R DAVIS

Name of Person

LAWYER MIKE D

Firm/Company

389 PALM COAST PKWY SW, #4

Address

PALM COAST, FL 32137

City/State and Zip Code

MRDAVIS@LAWYERMIKED.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL R DAVIS

at (386) 237-9589

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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**

DURALIFE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/1/2007 and assigned Florida document number L07000038538

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6101 A1A SOUTH #105

ST AUGUSTINE, FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6101 A1A SOUTH #105

ST AUGUSTINE, FL 32080

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MATTHEW MCCULLOUGH

New Registered Office Address:

6101 A1A SOUTH #105

Enter Florida street address

ST AUGUSTINE

Florida 32080

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 605, 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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TERRY POTTER	1509 NORTH DAYTONA AVE	<input type="checkbox"/> Add
		FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Remove
MGR	NANCY POTTER	1509 NORTH DAYTONA AVE	<input type="checkbox"/> Add
		FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Remove
MGR	<i>McCullough</i> MATTHEW MCCULLOUGH	6101 A1A SOUTH #105	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

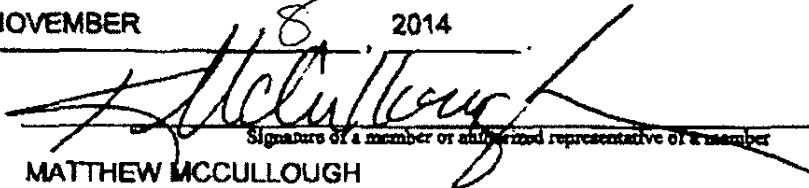
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 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 8 2014


Signature of a member or authorized representative of a member

MATTHEW MCCULLOUGH

Typed or printed name of signer

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Filing Fee: \$25.00

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