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SECREPARY OF STATE

T. CLINE
SEP 14 2009
EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	TOTAL LIFE II	NTERNATIONAL,LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
		GUSTAVO TINOCO		
	•	Name of Person		
	TOTAL	LIFE INTERNATIONAL,LLC		
		Firm/Company		
	15476 N\	W 77th COURT SUITE#146		
		Address		
	MIAMI	LAKES, FLORIDA 33016	ed . C2	
		City/State and Zip Code		
	gust	gustavotinoco@hotmail.com E-mail address: (to be used for future annual report notification)		
For further information	concerning this matter, please	•		
GUS	STAVO TINOCO	at (305) 55	7-2975 Ephone Number 5 5	
	of Person	Area Code & Daytime Te	lephone 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)	
Regis	LING ADDRESS: stration Section	STREET/COURIER Registration Section Division of Corporation		

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

TOTAL LIFE INTE	RNATIONA	<u>L,LLC</u>		_
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	<u>8.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on	06/27/200)7 and	assigned
Florida document numberL07000067354				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company h	ere:		
		 -		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Com	pany," the designat	tion "LLC" or tl	he abbreviation
Enter new principal offices address, if applicable:	15476 NW	77th COURT	SUITE#14	6
(Principal office address MUST BE A STREET ADDRESS)	MIAMI LAK	ES, FLORIDA	33016	SA TI
			7 F	
Enter new mailing address, if applicable:			m c	事 [7]
(Mailing address MAY BE A POST OFFICE BOX)		77th COURT		6
	MIAMI LAK	ES, FLORIDA	33O1 6	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	œ:	our records, <u>e</u>		e of the new
	. Florida			
	City	, 1 (011)	ua Zip C	ode

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

Add Remove Add Remove Add	<u>Title</u>	<u>Name</u>	Address	Type of Action
Add Remove Add Re	•			—
Add Remove	 -	 		
Add Remove			***************************************	•
Dated September 10 , 2009	· · · · · · · · · · · · · · · · · · ·	,		— — — — — — — — — — — — — — — — — — —
Add Remove Add Remove Add				
Dated September 10 , 2009				Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<u></u>			Domovo
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				∑ E∧d∋
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				E Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 10 , 2009				Add Remove
	D. If amen	ding any other information, e	nter change(s) here: (Attach additional she	eets, if necessary.)
	_			<u>.</u>

Signature of a member or authorized representative of a member	Dated	September 10	, 2009	
Signature of a member or authorized representative of a member				

Page 2 of 2

Filing Fee: \$25.00