



October 15, 2009

To: Florida Department of State Division of Corporations

From: Brenda Santiago, PLLC

To whom it may concern:

The purpose of this letter is to add the Article III as 4Life Independent Distributor under Brenda Santiago PLLC. Please call me for any questions or concerns about this change if necessary 321/662-0945.

Sincerely,

  
Brenda Santiago

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Brenda L. Santiago PLLC**  
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:

**Brenda Santiago**  
Name of Person

**Brenda L. Santiago PLLC**  
Firm/Company

**1625 Peregrine Falcon Way Apt 106**  
Address

**Orlando, FL 32837**  
City/State and Zip Code

**bdsant@cfl.rr.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Brenda Santana** at ( **321** ) **662-0945**  
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

Brenda L. Santiago PLLC

(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 June 28, 2007 and assigned  
Florida document number L07000068207.

FILED  
09 OCT 22 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 OCT 22 PM 3:06  
 TALLAHASSEE COUNTY FLORIDA

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

Adding this amendment as 4Life Independent Distributor to Brenda Santiago  
PLLC.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated October 15, 2009.

Brenda Santiago  
 Signature of a member or authorized representative of a member  
Brenda Santiago  
 Typed or printed name of signee