## L08000002/05

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SECRETARY OF STATE DIVISION OF CORPORATIONS

08 APR -1. PM 2: 21.

T. HAMPTON

APR - 7 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	INNOVATIVE LIFE, LLC (Name of Limited Liability Company)
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
er	Larry D. Davie (Name of Person)
	Locke Lord Bissell & Liddell (Firm/Company)
	1170 Peachtree St., NE, Svite 1900 (Address)
•	Atlanta, GA 30309 (City/State and Zip Code)
For further information co	oncerning this matter, please call:
Larry D. (Name o	Davie at (404) 870-4658  (Area Code & Daytime Telephone Number)
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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 ARTICLES OF ORGANIZATION **OF**

INNOVATIVE LIFE, 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 Florida document number L0800000 2/05 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." 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: Brad Friedman Name of New Registered Agent: N. Federdal Hwy., Svite 224
(Enter Florida street address) New Registered Office Address: Raton , Florida 33432 (Citv) (Zip Code)

## New Registered Agent's Signature, if changing Registered Agent:

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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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Name** Address Type of Action Jarred Elman 980 N. Federal HWY. MGRM Н. Stephanie Elman MGRM Add |Remove  $\square$ Add Remove  $\Box$ Add Remove Add Remove ţ., D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 26 Dated Signature of a member or authorized representative of a member Friedman MGRM
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00