#108000062577

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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13 JAN - 4 AH II: 48

SEAN TAKON STATE

THE MINISTER FOR 10 AND A

K. SALY EXAMINER

JAN - 9 2013



December 12, 2012

MICHAEL LUKE MAZZINA P.O. BOX 939 CLEWISTON, FL 33440

SUBJECT: TIKI LIFE, LLC Ref. Number: L08000062577

We have received your document for TIKI LIFE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 512A00029432

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Secondary Division of Corp			
Cries II	TIKI LIFE	ELLC		
SUBJI	ECT:	Name of Limite	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Mid	chael Luke Mazzina	
			Name of Person	
		Cle	wiston, FL 33440	
		LFAFS	City/State and Zip Code ALES@GMAIL.COM	···
		E-mail address: (to	be used for future annual report notification	on)
For fu	rther information co	oncerning this matter, please ca	d1:	
Mich	ael Luke Mazz	zina	863 873-4064	
	Name of	f Person	Area Code & Daytime Te	elephone Number
Enclos	sed is a check for th	e following amount:		
\$25	5.00 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

	0	FILED
	TIKI LIFE	FILED 13 JAN - 4 AM II: 48
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears on our records. ILAMASSEE, FLORIDA OB 125/2008
The Articles of Organization for this Limited L L08000062577 Florida document number		
This amendment is submitted to amend the foll	owing:	RETURNED CHECK
A. If amending name, <u>enter the new name o</u> MAZZINA AP	f the limited liab PAREL COMP	 ** *-
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applic		110 Ridgewood Ave Clewiston, FL 33440
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	P.O. BOX 939 Clewiston, FL 33440
B. If amending the registered agent and/ registered agent and/or the new registered o		fice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	Micheal Lul	ke Mazzina
New Registered Office Address:	110 Ridgev	vood Ave
	Clewiston	Enter Florida street address 33440

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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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

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Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Michael Luke Mazzina	110 Ridgewood Ave	Add
		Clewiston, FL 33440	Remove
MGR	John Stipo	1203 SW Tiburon Way	Add
		Palm City, FL 34990	Remove
MGR	Dana Stipo	1203 SW Tiburon Way	
		Palm City, FL 34990	Remove
MGRM	Mary Slavin	5927 SE Riverboat Drive	Add
		Stuart, FL 34997	Remove
·			Add
			Remove
			Add
			Remove

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		Signature of a mamba	r or authorized rei	oresentative of a memb	er

Page 3 of 3

Filing Fee: \$25.00

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