

L08000090034

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(Business Entity Name)

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DIVISION OF CORPORATIONS
09 JUL 17 PM 3:03

T. HAMPTON
JUL 20 2009
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCESSIVE LIFE, 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:

Bill McCormick

Name of Person

EXCESSIVE LIFE, LLC

Firm/Company

PO BOX 17732

Address

JACKSONVILLE, FL 32245

City/State and Zip Code

bmccormick@excessivelife.com

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

For further information concerning this matter, please call:

Bill McCormick

Name of Person

at (904)

343-4241

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 8, 2009

BILL MCCORMICK
P O BOX 17732
JACKSONVILLE, FL 32245

SUBJECT: EXCESSIVE LIFE, LLC
Ref. Number: L08000090034

We have received your document for EXCESSIVE LIFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A post office box is not an acceptable address for the registered agent.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00023392



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUL -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 12, 2009

BILL MCCORMICK
P O BOX 17732
JACKSONVILLE, FL 32245

SUBJECT: EXCESSIVE LIFE, LLC
Ref. Number: L08000090034

We have received your document for EXCESSIVE LIFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00019964

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EXCESSIVE 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 09/22/2008 and assigned
Florida document number L080000900374.

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:

BILL MCCORMICK

New Registered Office Address:

10007 SAWGRASS DR EAST

Enter Florida street address

PONTE VEDRA

Florida

32082

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>
<u>MGRM</u>	<u>BILL MCCORMICK</u>	<u>PO 904</u> <u>PONTE VEDRA, FL 32004</u> <u>"TITLE CHANGE" ONLY</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>CHRISTOPHER V. LEE</u>	<u>8451 GATE PARKWAY WEST #420</u> <u>JACKSONVILLE, FL 32216</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

THIS AMMENDMENT IS TO CHANGE THE TITLE OF BILL MCORMICK
FROM "MGR" TO "MGRM" AND ADDING CHRITOPHER V. LEE AS "MGRM".
ALSO AMMENDING THE REGISTERED AGENT TO NAME AND ADDRESS
LISTED ABOVE.

Dated JUNE 10, 2009


Signature of a member or authorized representative of a member

BILL MCCORMICK

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 17 PM 3:03