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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

JAN **09** 2009

EXAMINER

COVER LETTER

Division of Cor	porations			
SUBJECT: Touchir	ng Lives II, LLC			
Sebuber:	(Name of Limited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are submitted for filing.			
Please return all correspo	ondence concerning this matter to the following:	•		
		,		
	Kenneth L. Schlitt, Esquire			
	. (Name of Person)	 .		
	. (Tame of Follow)	•		
	Keating & Schlitt, P.A.			
	(Firm/Company)			
	250 East Colonial Drive, Suite 300			
	(Address)	 SEC CO		
		AÄ ≒ T		
	Orlando, FL 32801	ASA - =		
	(City/State and Zip Code)	~ %% ∞ [_		
	•			
For further information co	oncerning this matter, please call:			
		22 -		
Kenneth L. Schlitt, Esq	uire at (407) 425-2907	\$		
(Name o	of Person) (Area Code & Daytime Telephone	Number)		
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		

Registration Section

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

Touching Lives II, LLC	1907	
(Name of the Limited Lia (A Flo	ubility Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on December	3, 2008 and assigned
Florida document number L08000111042	·	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
	,	O9 SE(SELL
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the	designation "LI Rr the obreviation
		-8
Enter new principal offices address, if applicabl	e:	—————————————————————————————————————
(Principal office address MUST BE A STREET A	(DDRESS)	77 2
		ORIA :
		8 –
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<i>X</i>)	,
	-	,
B. If amending the registered agent and/or		ords, enter the name of the new
registered agent and/or the new registered office	e address here:	
		•
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
•	(Enter Flo	rida 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 = MGRM		ger naging Member			·
<u>Title</u>	•	Name		Address	Type of Action
		,	-		Add Remove .
<u>, </u>	· .		_		— . _ Add
		•			Remove
***************************************			-		Add Remove
	_				Add Remove
	_		-		Add Remove
	-				Add Remove
D. If an	The N	Manager cannot, without appro-	val froi	n the then-majority holder of the membersh	<u> </u>
٠	1 yea	ir) lease, of any property of the	Compa	any; or (ii) arnend or modify the Articles of	— -₹
	Orgar	nization.			O9 JAN -
Dated <u>D</u>	ecemb	er 30 , 20	008 ember or	authorized representative of a member	S PH II II
	_	Emmett T. Haag, So	ole Men yped or	nber and Manager printed name of signee	· .

Page 2 of 2

Filing Fee: \$25.00