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OPDEC 15 MHIO: 58

D. BRUCE
DEC 16 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Encichment of 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:		
Matthew T Raab Name of Person		
Name of Person		
Enrichment of Life LLC		
12157 W Line baugh Ave #391		
Address		
Tampa FL 33626	FAG 0	
City/State and Zip Code	9 DE	****
Tampa Fc 33626 City/State and Zip Code Mathewraab Ogmail. con E-mail address: (to be used for future annual report notification)	ETAI	
For further information concerning this matter, please call:	09 DEC 15 AM 10: 5 SECRETARY OF STAI ALLAHASSEE, FLORE	
i of further information concerning this matter, please can.	FS:	\exists
Mothew J. Raab at (8/3) 495 4321 Name of Person Area Code & Daytime Telephone Number	DEC 15 AM 10: 58 ATTARY OF STATE AHASSEE. FLORIDA	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	e of Status &)

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

Enrich ment of	Life LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on <u>/2/30/2008</u>	and assigned
Florida document number <u>L 0 8000 // 7 40</u>	.3	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the designation	"LLC" or the abbreviation
		يلالة 350 60
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)	25
		5 SEE
Enter new mailing address, if applicable:		CORSTANT D
(Mailing address MAY BE A POST OFFICE BOX)		0 A
B. If amending the registered agent and/or regist	ered office address on our records, ente	r the name of the new
registered agent and/or the new registered office addr		the name of the new
N. CN. B. C. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	ddress
	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRA	4 Randy Pat	12157 W Line bough #391 Tampa FL 33626	Ave Add Remove
<u></u>	_		Add Remove
			Add Remove
			AddRemove
			Add Remove
			AddRemove
D. If a	mending any other informat	ion, enter change(s) here: (Attach additional sheets, ij	fnecessary.)
			O9 DEC 15 AL
			In Section
Dated _	December 14		
		.) Nato managing manker lature of a member or authorized representative of a member	
	Matthew 0	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00