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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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M. THONAS

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COVER LETTER

TO: Registration Se Division of Co						
SUBJECT: Beatty & Beatty, LLC						
	(Name of Limited Liability Company)					
	Amendment and fee(s) are sub	_				
	Francesca B. Beatty, Es	q. (Name of Person)				
	Francesca Bernhardt Be	atty, P.A. (Firm/Company)				
		(x ma company)	79F			
	One Mangrove Pointe,	(Address)	LAPE EB			
		(Audiess)	09 FEB -9 AM III: 05 SECRETALIANSSEE FLORIDA			
St. Pete Beach, FL 33706						
		(City/State and Zip Code)	STATI			
For further information of	concerning this matter, please c	all:	Din C			
Francesca B. Beatty		at (727 ₎ 363-4121				
(Name	of Person)	(Area Code & Daytime T	elephone Number)			
Enclosed is a check for t	he 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)			
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beatty & Beatty, LLC		
Name of the Limited Liabilit (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number L09000006619	• • •	2009 and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the lim	nited liability company here:	
MonaVie for Life, LLC		160
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		· 92
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Y	
	(Enter Flori	da 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.

MGR = Ma MGRM = 1	ańager		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	The state of the s		Add Remove
			Remove
			Remove 1
 			n
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sho	eets, if necessary.)
Dated Feb	oruary 3 , 2009	•	
	Signature of a member	. Acces M	anaging Member
	Sue Rowe, Managing M Typed	ember or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00