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COVER LETTER

Division of Co	rporations			
SUBJECT: A	CHANGE OF Name of Limit	LIFESTYLE, CO	<u>'</u>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		SEAL Name of Person GE OC LIFESTYL Firm/Company	2009 JUN -8 SECRE INSTALLAHASS	«makes or the
	12142 M	ONRDE STREET		
•	WELLINGT ANN E-mail address: (1)	City/State and Zip Code ACHANGEOELIFI o be used for future annual report notifica	STYLE.COM	
For further information	concerning this matter, please c	all:		
Name	SEAL of Person	at (<u>561)</u> <u>352</u> . Area Code & Daytime T	3945 elephone 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 Fce, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TQ:

Registration Section

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

A CHANGE OF LI	FESTYLE, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 5/8/2009 and assigned Florida document number <u>LO90000 421.84</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	2009 JU			
(Principal office address MUST BE A STREET ADDRES	EVE ##			
	8 PH 2: SEE FLOO			
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 address	ed office address on our records, enter the name of the new			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zin 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 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 **Title Type of Action** Name 1 Address Remove ☐ Add ☐ Remove ☐ Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member ANNE INE SEAL
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00