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D. BRUCE

AUG 25 2009

**EXAMINER** 

## **COVER LETTER**

	ation Section n of Corporations			
SUBJECT:	Evolife LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Ar	icles of Amendment and fee(s) are submitted for filing.			
Please return all	correspondence concerning this matter to the following:			
	Angela Beyer			
	Name of Person			
	Evolife LLC			
	Firm/Company			
15077 Royal Fern Crt., Apt. K 200				
	Address			
	Naples, FL 34110			
	City/State and Zip Code			
	Naples, FL 34110  City/State and Zip Code  bbangela76@yahoo.com  F-mail address: (to be used for future annual report notification)			
	P-mail address (to be used for taking all mail report institution)			
For further infor	mation concerning this matter, please call:			
Angela	Rever at (239) 249 6544			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is a ch	eck for the following amount:			
<b>▼</b> \$25.00 Filing	-			
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ite LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of	on our records.)	
(A Fronda Ellinic	a Elability Company)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	05/08/09	and assigned
Florida document numberL0900045129			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
Heavenl	y Life LLC		
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company	," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			<del> </del>
(Principal office address MUST BE A STREET ADDRESS)			SEC. 9
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AHASSEE, FLORIDA	FILED RETARY OF STATE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the registered office address between the registered of the registered of the registered of the registered agent and/or the new registered of the registered agent and/or the registered agent and/or the new registered agent and/or registered agent and/or registered agent and/or the new registered of the registered agent and/or the new registered agent agent agent agent agent and/or the new registered agent		r records, enter the	name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Ente	r Florida street addres	<u>s</u>
			_
	Cin	, Florida	Zip Code
	City		zıp Соае

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> Type of Action Linda M Richter MGR 15949 Paseo Ln ✓ Add Naples, FL 34110-2828 ☐ Remove Barbara Spallone MGR 15081 Royal Fern Ct, Apt H100 Remove Naples, FL 34110-7684 ☐ Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 08/21/2005 Naples Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00