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SEGRETARY OF:STÄTE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

AUG 18 2011

COVER LETTER

TO:

Registration Section

Division of Co	orporations			
SUBJECT:	OU	R LIFE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
	K/	ARINA L BRUSCHETTI		
		Name of Person		
	TEAM REA	L ESTATE MANAGEMENT LL	.C	
		Firm/Company		
	2801	NE 208TH TER STE 200		
		Address	SEC!	
	ΑV	/ENTURA - FL - 33180	HAX SETA	_
		City/State and Zip Code	17 RY SEE	•
	karina(E-mail address: (Oteamremanagement.com to be used for future annual report notification	AUG 17 AM 8 RETARY OF STA	7
For further information	concerning this matter, please	•	2011 AUG 17 AM 8: 47 SEGRETARY OF STATE ALLAHASSEE, FLORIDA	*
KARIN	A L BRUSCHETTI	at (_305_) 914	1-4845	
Name	of Person	Area Code & Daytime Tel	ephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns .	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OUR LIFE LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on	10/02/2009	and assigned
Florida document numberL09000953			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	uny," the designation "L	LC" or the abbreviation
	_	-	2
Enter new principal offices address, if applicab			
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	3000 F	ARY OF SAIR
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:		·	
New Registered Office Address:			
	Eni	ter Florida street addr	ess
		, Florida	<u></u>
	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 = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> Type of Action MGRM SOFTA, Jose M 2801 NE 208TH TER STE 200 ☐ Add

✓ Remove AVENTURA - FL - 33180_____ ☐ Add ☐ Remove ☐ Add Remove ✓Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 15 2011 Dated _ Signature of a member or a presentative of a member

Page 2 of 2

KARINA L BRUSCHETTI
Typed or printed name of signee

. Filing Fee: \$25.00