## 109000095828

	(Requestor's Name)			
	(Address)			
· .·	(Address) (City/State/Zip/Phone	#)		
PICK-U	P WAIT	MAIL		
,	(Business Entity Nam	ne)		
	(Document Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	r *			

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10 JUN 17 PM 4: 30

S. HAWKES
JUN 1 8 2010
EXAMINER

. 5/24/10.

KISSLIFE, LLC

BARBARA S. RICHMOND, COO OF KISSLIFE LCC HAS ARROINTED P. JEFFREY HOWEY AG CFO FOR KISS LIFE, LLC.

HE IS TO BE AN AUTHORIZED SIGNER ON THE KISS LIFE, LLC BANK ACCOUNTS
EFFECTIVE THIS DATE.

BARBIANH S RICHTMOND, CEC

## **COVER LETTER**

TO: Registration Sec Division of Corp					
	es lila				
SUBJECT: 111	Wame of Limite	ed Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
`.	Banko	Name of Person	; ;		
	K	35 Life			
		Firm/Company			
	13017 5.	Indian KivenD	<u> </u>		
	Jensur	Beach FL 31 City/State and Zip Code	4957		
	Barbrich E-mail address: (to	mond 143 @ hotmo	LILEOM		
For further information concerning this matter, please call:					
BANGK	Schmond	at 772, 2153	1614		
Name of	f Person	Area Code & Daytime To	elepnone Number		
Enclosed is a check for the		_			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Taliahassee, 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

Kiss L	if.				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liab	oility Company were filed on	Hober 5, 2009 and assigned			
Florida document number	15828	Billia 6			
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability company here:	PA F			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	" the designation "LLC" of the abbreviation			
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:		Application of the state of the			
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new			
		•			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	C:	, Florida Ztp Code			
	City	ZID COUE			

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

**Type of Action Title Address** <u>Name</u> DCED Barb Richmond

DCFD Deft Hulley ☐ Add Remove -17 Add 💳 Remove) Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I) above, This is a title change rom manager to CEO. Signature of a member or authorized representative of a member Barb Kichmont
Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00** 

Kiss Life, LLC

13017 S. Indian River Drive

Jensen Beach, FL 34957

772-215-3614

888-380-6748



