L09000097006

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N. Colisson MAR 9 2010

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Life Dasis for Rids LLC				
Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Warren Gold				
Use Dans for Kids UC				
8870 N Himb Are Ste 339				
Tampa F2 33603				
City/State and Zip Code aigoula a yakoo. com E-mail address; (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Waren Gold at 8/3 6253076				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (addition				

MAILING ADDRESS: 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 O	RGANIZATION FILED
O	F 10 MAR -8 PM (2
Life Ogsis for	RGANIZATION F 10 MAR -8 PM 12: 35 KIDS LL CIALLAHASSEE, FLORIDA Liability Company)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 40900097006	were filed on $\frac{10/7/D9}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and end with the words "Limi"L.L.C."	
Enter new principal offices address, if applicable:	1793 W Killsborought
(Principal office address MUST BE A STREET ADDRESS)	1793 W Hillsboroughtv Tampa Fl 33603
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1793 W Killsborough AV Tampa R 33603
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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 = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	10 MAR -8
			LED 8 PH 12: 35 SEF FLORIDA
Dated 4	MENA 3 2610		
	·	mber of authorized representative of a member Warrer Gell	<u>.</u>
	Ty	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00