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COVER LETTER

TO: Registration Section Division of Corporations

RIFCT: Lifebay 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:

Daniel DeCesare

Name of Person

Lifebay LLC

Firm/Company

3959 Van Dyke Rd., Ste 223

Address

Lutz, FL 33558

City/State and Zip Code

ddczre@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel DeCesare

_{.,,}619,**865-8738**

Name of Person

Area Code & Daytime Telephone 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 Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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 ORGANIZATION OF

Lifebay LLC						
(<u>Name of the Limited Liab</u> (A Flor	ility Compa ida Limited L	ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited Liabili	ty Company	were filed on <u>01/05/20</u>	10	_ and a	assigne	:d
Florida document number L1000000927	·					
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liab	ility company here:				
The new name must be distinguishable and end with the	words "Limi	ted Liability Company " the	lesignation "LL(C" or th	e abbre	
"L.L.C."	words Ellill	ted Blaomiy Company, the C	icsignation EE	or ur	c abbic	· • • • • • • • • • • • • • • • • • • •
Enter new principal offices address, if applicable	:	18201 Parasol Wa	ay	Lan e		
(Principal office address MUST BE A STREET AL	ODRESS)	Lutz., FL 33558		See Clicks	쯔	<u> </u>
					<u> </u>	
Enter new mailing address, if applicable:		3959 Van Dyke R	d		+	ens. P
(Mailing address MAY BE A POST OFFICE BOX	2	Ste 223		**************************************		linair t
	_	Lutz, FL 33558		25		
				36-	ω	
B. If amending the registered agent and/or registered agent and/or the new registered office a			rds, <u>enter the</u>	name	of th	e new
Name of New Registered Agent:	/estchase	e Law, P. A., a pr	ivate la	s fi	/W_	
4.		itmarsh Lane		• • • • •		
New Registered Office Address:	2020 1111		da street addres	55		
Т	ampa		, Florida <u>33</u> 6	26		
		City	, . 101100	Zip Co	de	
New Registered Agent's Signature, if changing Regist	tered 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

Page 1 of 3

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>	Address	Type of Action
MGRM	Syrus Momeni	12120 Sugarloaf Key St	. Add
		#104	Remove
		Tampa, FL 33626	_
MGRM	Ramiz Momeni	Str.Tudor Vladimirescu Nr. 68 Apt. 6	Add
		Oradea Bihor	Remove
		Romania	
	· · · · · · · · · · · · · · · · · · ·		Add
			_ Remove
			_
			Add
			Remove
			_
			Add
			_ Remove
			Add
			Remove
			_

-	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The	Title for the existing MGR Daniel DeCesare should be
nov	be a MGRM
Dated Janu	ary 6th 2 _2012 /) 2
Dated Janu	<u>ary our // // // // // // // // // // // // //</u>
	De Delle
	Signature of a member or authorized representative of a member
	DANJEL B. DECESARE
	Typed or printed name of signee

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Filing Fee: \$25.00