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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status

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EXAMINER

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COVER LETTER

Division of Corpo	orations		
SUBJECT:	FE SAVER NETU	ISAR USA, LLC	<u>-</u>
	Name of Limited Li	ability Company	
The enclosed Articles of A	mendment and fee(s) are submitted	d for filing.	
Please return all correspond	dence concerning this matter to the	e following:	
	DAN	L.P FOR)	
		Name of Person	
	LIFE SAVER	NETWORK USA,	LLC
		Firm/Company	
	72 00 N. FE	DERGE HILLWAY,	STE 223
		Address	
	BOCA RAG	State and Zip Code (State and Zip Code (Forl) & GMA (Seed for future annual report notification)	7 /
	City	/State and Zip Code	
	E-mail address: (to be u	sed for future annual report notification)	HC, Com
For further information con	ncerning this matter, please call:		
DAN LOPE	CORD	at (735) 283 - 847 Area Code & Daytime Telepho	Z 9
Name of F	Person	Area Code & Daytime Telepho	ne 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)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

LIFE SAVE	R NETU	wall	usa,	uc		
(<u>Name of the Limited Lia</u> (A Flo	ability Company orida Limited Liab	as it now a pility Comp	ppears on our re	cords.)		
The Articles of Organization for this Limited Liabi		ere filed o	1//	1/2010	and assig	ned
This amendment is submitted to amend the following A. If amending name, enter the new name of the	ing: le limited liabilit		_	SEGRETARY O	10 SEP 17 P	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	Liability (Company," the des	ignation "口C" 宝子	or the ab	broviation
Enter new principal offices address, if applicable	le:		<u> </u>			
(Principal office address MUST BE A STREET A	<u>4DDRESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>(XX)</u> .	3 : Po	200 N. 1 SU CA RATE	residente	- 466 3	44M7 F31
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offic e address here:	e address	on our record	s, enter the r	name of	the new
Name of New Registered Agent:	720)4n	L. P. For Fee Derect Enter Florida	ed Hwy.	STE	
New Registered Office Address:			Enter Florida	street address		
_	BOCA R	1700	, F	Iorida <u>33</u>	431	
		City		Z	ip Code	
New Pagistared Agent's Signature if changing Pag	rictored Agent.					

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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			• ☐ Add ☐ Remove
			Add Remove
	<u> </u>		Add Remove
			Add Remove
	·		Add Remove
D. If am		(s) here: (Attach additional sheets, if necessary.) — WRP, INC, SHOULD	<u>B</u> E
	MEMBERSHIP AN	WRP, INC. SHOULD "MGR" TO "MGR LECT WRP, INC'S G HOMENCIAN INTE RE TUDRK USA, LLC.	M" 2016/NAC 557
Dated	SEPTEMBEN 14 20	or authorized representative of a member	
	Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00