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2013 JUN 17 AM II: 26

B. BOSTICK
JUN 1 8 2013
EXAMINER

COVER LETTER

TO: Registration Sec ' Division of Corp					
SUBJECT:	Life SAVEL Name of Limit	Network USA ed Liability Company	LLC		
The enclosed Articles of A	amendment and fee(s) are sub	nitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Step	Name of Person	nark		
		D It Today LL Finn/Company	C		
·	1114 B	el air Dr. #2			
	Highla	ud Beach FL 3 City/State and Zip Code I florida @ yaho be used for future annual report portification)	3487		
) ,	Stef	florida @ Jaho be used for future annual report posification	o.com =	201 St	
For further information con	ncerning this matter, please ca		7 -	3 JUN	
Steven	Hoffman	a1(954) 336-4	628 SSE	[章] 二	Erman.
Name of l	rerson	Area Code & Daytime Telep	hone Number	SECRETARY PESSAGE	O
□ \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	tatus &)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COUNIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITESAURT Netu		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 01 19 2010	and assigned
Florida document number <u>L1000000674.1</u>	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	1700 N. Dixie H Suite 133	wy
(Principal office address MUST BE A STREET ADDRESS)	Suite 133 Boca RATON, F	L 33 43 2
Enter new mailing address, if applicable:		1 2
(Mailing address MAY BE A POST OFFICE BOX)		AEE JUSTIL
B. If amending the registered agent and/or registered offic	re address on our records, enter t	SS The same of the new
registered agent and/or the new registered office address here:		MII: 2
Name of New Registered Agent:	,	<u> </u>
New Registered Office Address:	Enter Florida street add	ress
. The transportate of the Communication of the Comm	, Florida	
•	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Merm	Do It Today, LLC	1114 Belair Dr.	_ Add
	~1	# 2	Remove
·		Highland Beach, FL 334	<u>8</u> 7
Merm	D Rudi Consulting Company	8950 N.W 7878 C+	_ Add
	company	#30(Remove
	, , , , , , , , , , , , , , , , , , ,	Tamarac, FL 33321	
MGRM	Mittelmank Stephanie	1114 Bel air Dr.	Add
		# 2	Remove
		Highland Beach FL 3348.	1
MGR	Health Life Partners, LLE	1114 Bel air Dr.	_ Add
		#2	Remove
		Highland Beach, FL 3348	1
			_ Add
		ALL	S. Remove
		HASSEE. F	20Remove FIL SECRETARY
			Add T
		ORE	Add T

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•`-	
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-	
-	
_	
ì	June 11: 2013.
	Stephenie Millelmant
	Signature of a member or authorized representative of a member
	Stef
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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