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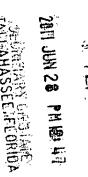
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C. LEWIS

JUN 2 9 2011

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Life time Property LCC
Name of Limited Liability Company
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:
David Hare
Name of Person
Lifetime Property LCC Firm/Company
2711 Boone Dr
Address
Dolar Bosch Fl 33463
Delvay Boach FC 33 y 55 City/State and Zip Code
dkh70@hotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Hass  at (56) 63 4 - 000  Area Code & Daytime Telephone Number
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 & Gertificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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



1 IFETIME	PROPERTY	28 7 JUN 28 PM 12 4 1
(Name of the Limited Liab (A Flori	ility Company as it now appears of da Limited Liability Company)	n our records.) SHURLIARY DESIGNATION OF THE ORIDA
The Articles of Organization for this Limited Liabilit	ry Company were filed on	17 1) and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL		"the designation "LLC" or the abbreviation
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		, 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

**Type of Action** Title Name **Address** hanie Hass |▼ Add ☐ Add Remove Add Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00