

410000075069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

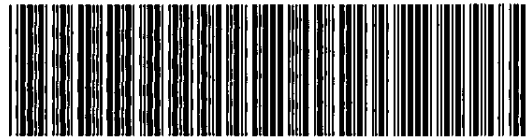
(Business Entity Name)

(Document Number)

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10 DEC -6 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 7 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HD Life, 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:

Milton Howard Jr.  
Name of Person

HD Life, LLC  
Firm/Company

139 Crown Colony Way  
Address

Sanford, Florida 32771  
City/State and Zip Code

milton.howardjr@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Milton Howard Jr. at 407.324-6343  
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

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10 DEC -6 PM 1:43  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AD Life, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L 1000075069

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

139 Crown Colony Way  
Sanford, Florida 32771

(Not New)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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

Title	Name	Address	Type of Action
MGRM	Florence Alexander	P.O. Box 915115 Langford, Florida 32711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Adams	P.O. Box 150537 Altamonte Springs, Florida 32715	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jaine, Leiva	P.O. Box 430 Minneapolis, FL 34755	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

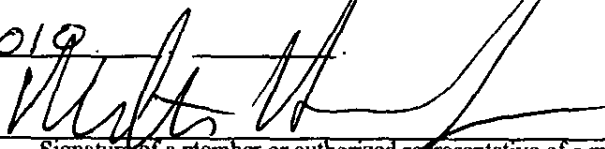
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CLERK OF COURT  
ALLEN, MARY C.  
JANUARY 6, 2010  
STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- ① Milton Howard Jr, 139 Wynn Colony Way Semper  
Florida 32271 → 65% Interest
- ② David Adams P.O. Box 150537 Altamonte Springs  
Florida 32715 → 15% Interest
- ③ Dr. Florence Alexander P.O. Box 915115 Langford, FL → 10% Interest

Dated

12/1/2010



Signature of a member or authorized representative of a member

Milton Howard Jr

Typed or printed name of signee

④ Jamie Andres Leiva

PO Box 430, Minnola Florida 34755

→ 0% Interest (Removed)

FILED

10 DEC -6 PM 11:44

CLERK OF STATE  
TALLAHASSEE, FLORIDA