L10000090039

(Requestor's Name)
(to produce the true,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special mendalistic transfer





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COVER LETTER

Div	ision of Corp	orations					
SURIFCT:	30722 sw14						
SOBJECT		Name of Limited Liability Company					
The enclosed	Articles of A	amendment and fee(s) are subr	mitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:				
		Mayelin Lima					
			Name of Person				
			Firm/Company				
		30722 SW 149 Pl					
			Address				
		Homestead, Fl 33033					
			City/State and Zip Code				
		mlima@lifewayprograms.or					
		E-mail address: (t	to be used for future annual report notif	ication)			
For further i	nformation co	oncerning this matter, please ca	all:				
Mayelin Lii	na		305 606-3313				
	Name of	Person	at () Area Code Daytime	: Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00 1	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:

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2017

MAYELIN LIMA 30722 SW 149 PL HOMESTEAD, FL 33033

SUBJECT: 30722 SW 149 LLC Ref. Number: L10000090039

We have received your document for 30722 SW 149 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00025600

RECEIVED
JAN - 3 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

30722 sw 149 LLC		
(Name of the Limited Liability Compa (A Florida Limited I	Clability Company)	l
The Articles of Organization for this Limited Liability Company	were filed on 08/26/2010	and assigned
Florida document number L10000090039		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LifeWay Programs LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbrevi ặtiôn "L.L.C." ಎ
Enter new principal offices address, if applicable:	15300 SW 288 street	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	Homestead, Fl 33033	
		: <u>^</u>
Enter new mailing address, if applicable:	30722 SW 149 Pl	
Mailing address MAY BE A POST OFFICE BOX)	Homestead, Fl 33033	
B. If amending the registered agent and/or registered o	ffice address on our records,	enter the name of the
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being auuco or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			: :T Change
			□ Add
			☐ Remove
			Change

11/15/2017	(optional)
ective date, if other than the date of filing:	ng or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable statutory nument's effective date on the Department of State's records.	y filing requirements, this date will not be listed a
timent's effective date on the Department of State's records.	
and a self-read delegated officialities data, but not an official	tive time at 12:01 a.m. on the earlier
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.	tive time, at 12.01 a.m. on the corner t
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November 15 2017	, (_
Myring V.	ِ ئ
Signature of a member of authorized represent	ntative of a member - 1
Signal of a month of the second of the secon	· •

Page 3 of 3

Filing Fee: \$25.00