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2011 DEC 27 AM 8: 3

J. SAULSBERRY EXAMINER

DEC 29 2011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Power W. A Life L. Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.	Z21 TAL	
Please return all correspondence concerning this matter to the following:	I DEC 27 CRETARY LAHASSE	a property and the second
Richard Ackerman	m—	
Firm/Company	AH 8: 31 DF STATE OF LORIDA	- THE PROPERTY OF THE PROPERTY
3999 Wilst St.	-	
City/State and Zip Code City/State and Zip Code Code E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at 401, 268 9180 Area Code & Daytime Telephone Number	r	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	ate of Status &	ed)

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

A GII raceof	Life	77			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	SECRETARY SECRETARY ALLAHASSE			
This amendment is submitted to amend the following:		AM 8 OF ST E. FLC			
A. If amending name, enter the new name of the limited liab	ility company here:	8: 31 TATE ORIDA			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the o	designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	3999 (0)	1. 1st St			
(Principal office address MUST BE A STREET ADDRESS)	Santord	155577,			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3999 (J. (St. St.)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our reco <u>e</u> :	rds, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Cit.	, Florida			
	City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

0

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
MESAN	Laura Suage	La private \$2000	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			ZOII DEC 27 AM
Dated	2-23-11	ORIDA.	8: 31
-	Signature of a member of	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00