# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:		
	Division of Corporations	字题 <b>三</b>
	Fax Number ; (850) 617-6383	表当の
From:		AUG 22 RETARY AHASSE
	Account Name : LEGALZOOM.COM INC.	<u>m</u> ~
	Account Number : 120010000062	
	Phone : (323)962-8600	
	Fax Number : (323) 962-3889	STAT LORI

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOVE LIFE INDUSTRIES LLC

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A. LUNT

AUG 23 2011

EXAMINER

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# **COYER LETTER**

Division of Co			
SUBJECT. LOVE L	IFE INDUSTRIES LLC		
SUBULCI:		nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
			<b>12 28</b>
	Barbara Dang		
	-	(Name of Person)	LANG 22 AM
	Legalzoom.com, Inc		SSE
		(Firm/Company)	mon 3
	100 W. Broadway St	ilte 100	STATE STATE
	100 11, 51024114, 51	(Address)	87 <b>3</b>
	Giendale, CA 91210	•	
	Gioridale, OA 8 12 10	(City/State and Zip Code)	
For further information	concerning this matter, please (		
Barbara Dang		at ( 323 ) 962-8600	
(Name	of Person)	(Area Code & Daytime	Talaphone Number)
Enclosed is a check for	the following amount:		_
\$25.00 Filing Fee	\$30.00 Filling Fee & Certificate of Status	S55.00 Filing Pee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fea, Cartificate of Status & Certified Copy (additional copy is enclosed)
			(southouse only is elicided)
	ing address:	STREET/COURIE	r address:
	ration Section on of Corporations	Registration Section Division of Corporati	ions
P.O. Box 6327		Clifton Building	<b>8</b> 1.1

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

LOVE LIFE INDUSTRIES LLC

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited )	lability Company as it now appears on our rec- lorida Limiteo Liability Company)	ords.)	
The Articles of Organization for this Limited Lia	bility Company were filed on 05/24/2011	and assigned	
Fiorida document number <u>L.11000060880</u>			
This amendment is submitted to amend the follow	wing:	ZOLI AUG	
A. If amending name, enter the new name of	the limited liability company here:	ASSET 22	
The new name must be distinguishable and end with "L.L.C."  R. If amending the registered agent and/or registered agent and/or the new registered off	r registered office address on our records	TATE OARIDA	
Name of New Registered Agent:	100 months		
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 Add Remove DbA 🔲 Remove ☐ Add Remove Add Remove Remove φ D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article II- The street address and mailing address of the Limited Liebility Company shall be : 2600 SW 27 Avenue Ph 8 Mismi, Fl 33133 Dated 2 -2 - 2011 Signature of a member or authorized representative of a member Lefny Martinez

Page 2 of 2

Filing Fee: \$25,00

Typed or printed name of signee