

L110000078244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

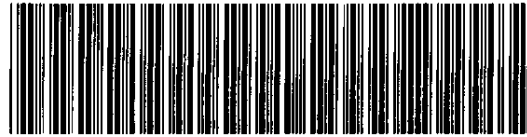
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700212086017

09/15/11--01010--009 **25.00

FILED
2011 NOV 28 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 29 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nextage Lifro US 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:

William Hunter Paschall

Name of Person

Nextage Diversified Realty

Firm/Company

507 East St

Address

Longwood FL 32750

City/State and Zip Code

hpconsultingfl@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hunter Paschall

Name of Person

at (321)

228-3250

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 NOV 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 16, 2011

WILLIAM HUNTER PASCHALL
NEXTAGE DIVERSIFIED REALTY
507 EAST ST
LONGWOOD, FL 32750

SUBJECT: NEXTAGE LIFRO US LLC
Ref. Number: L11000078244

We have received your document for NEXTAGE LIFRO US 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 new registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00021501

11/26/2011

Florida Department of State Division of Corporations

Subject: Nextage Lifro US LLC

We did not change the name of the agent so it was not required. Please complete and file, money was paid already.

If you have any questions please call me 321-228-3254 Hunter Paschall.

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

FILED
2011 NOV 28 AM 8:46

NEXTAGE LIFRO US LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/07/2011 and assigned
Florida document number L11000078244.

This amendment is submitted to amend the following:

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

DIVERSIFIED LIFRO US LLC

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)

507 East St

Longwood FL 32750

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:

507 East St

Enter Florida street address

Longwood

City

, Florida

32750

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:

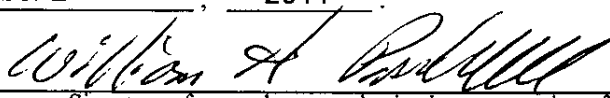
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
2011 NOV 28 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated September 2, 2011



Signature of a member or authorized representative of a member

William H Paschall

Typed or printed name of signee