## L11000079141

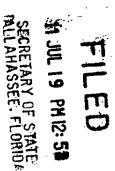
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J. BRYAN

JUL 2.0 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:		ses LLC	
	Name of Limi	ited Liability Company	a dir.
			<b>E</b> 8 <b>* *</b>
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	SST P
	Perr	Y Aulie Name of Person	OF STATE
	1921	Firm/Company Redmark Lan	ie_
	1 .	City/State and Zip Code Lie (2) msn. com to be used for future annual report notification	<u>'787</u>
For further information cond			)
Perry Name of Pe	Aulie	at (407) 383 - 114 Area Code & Daytime Telep	ohone Number
Enclosed is a check for the f	ollowing amount:		
\$25.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING Registratio	G ADDRESS:	STREET/COURIER A	DDRESS:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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And the page

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Roses LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appea lited Liability Company)	rs on our records.)	•
The Articles of Organization for this Limited Liability Com	npany were filed on	July 11, 2011	and assigned
Florida document numberL11000079141			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>re</u> :	
Breath	ne Vida LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>	<u> </u>	3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHASSET. FILO	ILED PAIR: S
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addre	288
<del></del>	City	, Florida	Zip Code
	~ <i>,</i>		Lip Couc

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
			Add Remove			
			Kemove			
			Add Remove			
			Add Remove			
			AddRemove			
			<u>-</u>			
			Add Remove			
D 10						
D. Hamer	iding any other information, enter chan	<b>ige(s) here:</b> (Attach additional sheets, if necess	ary.)			
<del></del>			<b>F</b> 2 <b>*</b>			
_			ARY O			
_	a /\		PH 2: S			
Dated	July	211	SE SE CORRECTE ORIGINAL CORREC			
	Signature of a memb	er or authorized representative of a member				
	Perry /-	er or authorized representative of a member				
	` Tvne	ed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00