

**L11000122713**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

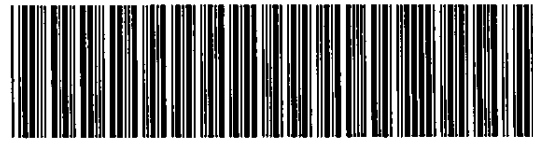
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**

**2016 NOV - 7 PM 12:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**K. SALY**

**NOV - 8 2016**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Life scape Solutions 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:

SARANSH SHARMA

Name of Person

Life scape Solutions LLC

Firm/Company

4723 W ATLANTIC AVE, SUITE A11

Address

DELRAM BEACH, FL, 33445

City/State and Zip Code

Ssharma consulting@gmail.com

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

For further information concerning this matter, please call:

SARANSH SHARMA

Name of Person

at (561) 562 0674

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

LIFESCAPE SOLUTIONS LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/27/2011 and assigned  
Florida document number L11000122713.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

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:

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 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 added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

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TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL ALLEVA	4723 W ATLANTIC AVE	<input type="checkbox"/> Add
		SUITE A11	<input checked="" type="checkbox"/> Remove
		DELRAY BEACH, FL 33445	<input type="checkbox"/> Change
MGR	PHIL DIAZ	4723 W Atlantic Ave	<input type="checkbox"/> Add
		Suite A11	<input checked="" type="checkbox"/> Remove
		Delray Beach, FL 33445	<input type="checkbox"/> Change
AMBR	LISA ALLEVA	4723 W Atlantic Ave	<input type="checkbox"/> Add
		Suite A11	<input checked="" type="checkbox"/> Remove
		Delray Beach, FL 33445	<input type="checkbox"/> Change
AMBR	SPENCER KINARD	4723 W Atlantic Ave	<input type="checkbox"/> Add
		Suite A11	<input checked="" type="checkbox"/> Remove
		Delray Beach, FL 33445	<input type="checkbox"/> Change
AMBR	CATHERINE BILOTTI	4723 W Atlantic Ave	<input type="checkbox"/> Add
		Suite A11	<input checked="" type="checkbox"/> Remove
		Delray Beach, FL 33445	<input type="checkbox"/> Change
AMBR	SARANSH SHARMA	4723 W Atlantic Ave	<input checked="" type="checkbox"/> Add
		Suite A11	<input type="checkbox"/> Remove
		Delray Beach, FL 33445	<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

11/04/2016

Signature of a member or authorized representative of a member

SARANSH SHARMA

Typed or printed name of signee