## 2/20000/3652

| (Requestor's Name)                               |  |  |  |  |  |
|--|--|--|--|--|--|
| (Address)  |  |  |  |  |  |
|  |  |  |  |  |  |
| (Address)  |  |  |  |  |  |
| (City/State/Zip/Phone #)                         |  |  |  |  |  |
| PICK-UP WAIT MAIL                                |  |  |  |  |  |
| (Business Entity Name)                           |  |  |  |  |  |
| (business Entity Name)                           |  |  |  |  |  |
| (Document Number)                                |  |  |  |  |  |
| Certified Copies Certificates of Status          |  |  |  |  |  |
|  |  |  |  |  |  |
| Special Instructions to Filing Officer:  A. LUNT |  |  |  |  |  |
| MAY - 3 2011                                     |  |  |  |  |  |
| EXAMINER   |  |  |  |  |  |

Office Use Only



700233023527

04/30/12--01056--030 \*\*25.00



## **COVER LETTER**

| τo:          | Registration Section Division of Corporations  |
|--------------|--|
| SUBJ         | Name of Limited Liability Company  |
| The e        | nclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please       | e return all correspondence concerning this matter to the following:   |
|              | Joseph La Rosa<br>Name of Person   |
|              | Life Reviewed, LLC Firm/Company  |
|              | 1420 Celebration Blud Suite 200  |
|              | Address  Celebization FL 34747  City/State and Zip Code  LaRosa Broker (a Gnail- Constitute annual report notification)  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  Joseph La Rosa at 407 592-4667  Name of Person  Area Code & Daytime Telephone Number   |
| 4            | E-mail address: (to be used for future annual report notification)   |
| For fu       | Area Code & Daytime Telephone Number   |
| Enclo        | sed is a check for the following amount:   |
| <b>⊴</b> \$2 | 5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)}} \tex |

**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

| Life R   | enewed, LL  | ے                        |                     |
|--|---|--------------------------|---------------------|
| ( <u>Name of the Limited Li</u><br>(A Fl   | ability Company as it now apper<br>orida Limited Liability Company) | ars on our records.)     |                     |
| The Articles of Organization for this Limited Liabi  | lity Company were filed on<br>ろんちる                                  | 1/30/12                  | and assigned        |
| This amendment is submitted to amend the following   | ng:   |                          |                     |
| A. If amending name, enter the new name of th  | e limited liability company he                                      | ere:                     | API API             |
| The new name must be distinguishable and end with the "L.L.C."                               | ne words "Limited Liability Comp                                    | pany," the designation " |                     |
| Enter new principal offices address, if applicable   | e:  |                          |                     |
| (Principal office address MUST BE A STREET A   | (DDRESS)  |                          | 0                   |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO           | <u></u>   |                          |                     |
| B. If amending the registered agent and/or registered agent and/or the new registered office |   | our records, enter       | the name of the new |
| Name of New Registered Agent:  |   |                          |                     |
| New Registered Office Address:   |   |                          |                     |
|  | E   | Inter Florida street add | dress               |
| _  |   | , 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

MGR = Manager MGRM = Managing Member <u>Address</u> **Title** Name Type of Action Remove □ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **で** Dated Signature of a member or authorized representative of a member Typed or printed name of signee

' 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:

Page 2 of 2

Filing Fee: \$25.00