L12000015982

(Requestor's Name)
(Address)
(Address)
(tallets)
(0), (0), (7), (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L12-15982
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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12 OCT 31 AM 9: 47

SECONDINATION OF STAIR

COVER LETTER

TO:	Registration Sect Division of Corpo		•	pille to	
SUBJI	የ ረፕ•	Life of F	Purpose LLC		
3000			ed Liability Company		
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please	return all correspond	lence concerning this matter t	o the following:		
			Sam Campbell		
			Name of Person		
			ife of Purpose LLC		
Firm/Compar					
4400 North Federal Highway Suite 21				210-28	
			Address		
E			a Raton, Florida 33431		
			City/State and Zip Code		
E-mail address:			uburki@gmail.com be used for future annual report	notification)	
For fu	rther information cor	ncerning this matter, please ca			
	Sam	Campbell	at (561)	320 3355	
	Name of I	Person		aytime Telephone Number	
Enclos	sed is a check for the	following amount:			
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) Certified	te of Status &
	MAILIN	IG ADDRESS:	STREET/CO	OURIER ADDRESS:	

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

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



October 19, 2012

SAM CAMPBELL 4400 NORTH FEDERAL HIGHWAY SUITE 210-28 BOCA RATON, FL 33431

SUBJECT: LIFE OF PURPOSE LLC

Ref. Number: L12000015982

We have received your document for LIFE OF PURPOSE 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6051.

Letter Number: 512A00025811

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Life of Purp		DEUNETARY OF STATE [ALL AHASSEE, FLORIDA				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now app liability Company	ears on our records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000015982</u> .	were filed on _	February 2nd, 2012 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company l	here:				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Cor	npany," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:	4400 North	n Federal Highway Suite 210-28				
(Principal office address MUST BE A STREET ADDRESS)	Boca Rato	n, FL 33431				
		,				
Enter new mailing address, if applicable:	4400 North	Federal Highway Suite 210-28				
(Mailing address MAY BE A POST OFFICE BOX)		n, FL 33431				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		n our records, <u>enter the name of the new</u>				
New Registered Office Address: Enter Florida street address						
	City	, Florida 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 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>	Name	Address	Type of Action	
MGRM	Andrew Burki	4400 North Federal Highway Suite 210-28 Boynton Beach FL 33435	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary	FILED 12 OCT 31 AM PALCAHASSEE.	
		•	AM 9: 47 OF STATE E, FHORIDA	
Dated	October 15th , 201	12.		
		or authorized representative of a member		
	Typed	am Campbell or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00