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COVER LETTER

TO: Registration Section Division of Corporations	:		
SUBJECT: Excite Life Name of Limite	ed Liability Company		
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
Albert :	Zucchiatti Name of Person		
<u>Excite Life</u>	EStyles, LLC Excite	e Digital Solu	tions DBA
909 Tamian	ni Tr15 Unit 120		
	City/State and Zip Code Code Company Code Company Code Company Code Code		3 July 17
For further information concerning this matter, please cal	11:	សំ : ១ ពីស្វ	The second
Albert Zuchiathi Name of Person	at (941) 268-587 Area Code & Daytime Telepho	One Number	ED #H 10: 42
Enclosed is a check for the following amount:			
S25.00 Filing Fee ☐S30.00 Filing Fee &	□S55.00 Filing Fee &	IS60.00 Filing Fee.	

Certified Copy

(additional copy is enclosed)

Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Excite Life	styles, LL	_C			13 U
(Name of the Limited L (AF	iability Company as it n lorida Limited Liability C	ow appears on our r ompany)	ecords.)		
The Articles of Organization for this Limited Liab		,		and assimiced	<u> </u>
Florida document number <u>L12000070</u>					NM 10: 42
This amendment is submitted to amend the follow	ving:			DIRIDA	7.1
A. If amending name, enter the new name of t	he limited liability con	<u>ipany here</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liabi	lity Company." the do	esignation "LLC"	or the abbrevia	ation
Enter new principal offices address, if applicab	ole:				
(Principal office address MUST BE A STREET	ADDRESS)	·			
					_
Enter new mailing address, if applicable:					_
(Mailing address MAY BE A POST OFFICE BO	<u>0.X)</u>				
					
B. If amending the registered agent and/or registered agent and/or the new registered office		iress on our recor	ds, <u>enter the i</u>	name of the	пеш
	M	.ccl.'-\!'			
	_				-
New Registered Office Address:	llbbl_Te	2MPEST Plorid	a street address	Loop	
	<u>Venice</u> Cin		Florida3	ソンタン ip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
(Mailing address MAY BE A POST OFFICE Bo B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address:	registered office addice addice address here: Albert 7 Llbbl Te	occhicth' empest H Emer Florid	a street address	Loop	

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>	Type of Action
MGRM	Brandon Steinert	407 Palm Ave	
		Mokanis 34295	Remove
m <u>GRM</u>	Jason Allaire	268 Fareham Dr	
		Venice 34293	Remove
			Add Remove F S Add
			Remove I
			F. S
			Add
			Remove
-			Add
		• 	Remove
			Add
			Remove

	Amending	from Multi member, to So	ole LLC
Dated _	June 24	2013	
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		ignature of a member or authôtized leptesentative of a member Typed or printed name of signee	record that the case of the ca