## L12000111905

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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EXAMINER



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SEGNETASSEE, FLORIDA

## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	T: Life Made Simpler, LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
lease re	turn all correspondence concerning this matter to the following:
	Laura L. Pohl Name of Person
	Life Mode Simpler, LLC
	3144 Masters Drive
	Cleanuster FL 3376/ City/State and Zip Code    Oura   Pohl C yahov. Come  E-mail address: (to be used for Afture annual report notification)
For furth	er information concerning this matter, please call:
	Laura L. Poll at (727) 580-3975  Name of Person Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:
<b>\$2</b> 5.0	O Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S55.00 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

HEARTFRO	IT HELP,	LLC & M.
(Name of the Limited Liabil (A Florid	ity Company as it now appea a Limited Liability Company)	ars on our records.
The Articles of Organization for this Limited Liability	Company were filed on	08/30/20/20/20 and assigned
Florida document number <u>L12000111905</u>		
This amendment is submitted to amend the following:		P
A. If amending name, enter the new name of the li	mited liability company he	ere:
Life Made	Simpler, L.	LC .
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET AD)	ORESS)	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•	***************************************	
B. If amending the registered agent and/or regressered agent and/or the new registered office ac		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	W	
	E	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 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:

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Actio
			Add Remove
	·		Add Remove
			Add
			Remove
	**************************************		Add Remove
			Add Remove
			Add Remove
If amer	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
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 uted <b>(</b>	october 10, 20	<u>012</u>	<u> </u>
	Saure of	or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00