

L12000031750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

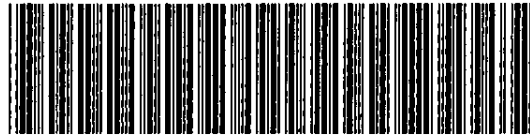
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/10/12--01057--007 **25.00

12/10/12--01057--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 15 AM 8:44

FEB 18 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ageless Plus 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:

Manager, Charles Looney

Name of Person

Ageless Plus LLC

Firm/Company

131 N. Moon Ave, Suite 4

Address

Brandon, FL 33510

City/State and Zip Code

clooney@agelessplus.com

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

For further information concerning this matter, please call:

Charles Looney

Name of Person

at **224 353-7700**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 FEB 15 AM 6:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 11, 2012

CHARLES LOONEY
131 N MOON AVE
STE 4
BRANDON, FL 33510

SUBJECT: AGELESS PLUS, LLC
Ref. Number: L12000131750

We have received your document for AGELESS PLUS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00029318

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ageless Plus LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/09/2012 and assigned
Florida document number L12000131750

RECEIVED
11/09/2012
11:00 AM
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

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 end with 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 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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13 FEB 15 AM 8:44
 SECRETARY OF THE BOARD OF DIRECTORS

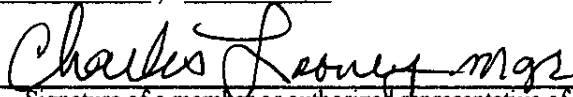
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Responsible Party: HL Enterprises (EIN 77-6265231)

Address: 5317 Fruitville Road, Suite 176, Sarasota,

FL 34232.

Dated December 06, 2012



Signature of a member or authorized representative of a member

Charles Looney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 15 AM 8:44