

L12000155993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

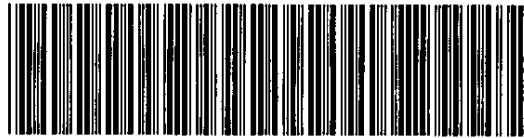
(Business Entity Name)

(Document Number)

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FILED  
15 APR 15 PM 12:20  
STATE OF FLORIDA  
TALLAHASSEE

APR 28 2015

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LIFEFORCE 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:

**HOWARD NEMOVITZ**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**4616 MIRABELLA COURT**

\_\_\_\_\_  
Address

**ST PETERSBURG, FL 33706**

\_\_\_\_\_  
City/State and Zip Code

**hnemovitz@gmail.com**

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

For further information concerning this matter, please call:

**HOWARD NEMOVITZ**

**727 481-3074**  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

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

**LIFEFORCE<sup>LLC</sup>**

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

**FILED**  
15 APR 15 PM 12:20  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/31/2012 and assigned  
Florida document number L12000155993.

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)**

7217 GULF BLVD STE 14-184  
ST PETERSBURG, FL  
33706

**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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	TOM SEXAUER	159 4TH STREET NORTH UNIT 3	<input type="checkbox"/> Add
		ST PETERSBURG, FL	<input checked="" type="checkbox"/> Remove
		33701	
MGR	HOWARD J NEMOVITZ	4606 MIRABELLA CT	<input checked="" type="checkbox"/> Add
		ST PETE BEACH, FL	<input type="checkbox"/> Remove
		33706	
MGR M <i>President</i>	LESLIE J BRIDWELL	1544 THOREAU DRIVE	<input checked="" type="checkbox"/> Add
		SUWANNE, GA	<input type="checkbox"/> Remove
		30024	
E.VP <i>Dir</i>	<i>Howard J Nemovitz</i>	<i>4606 Mirabella Ct</i>	<input checked="" type="checkbox"/> Add
		<i>St Pete Beach, FL</i>	<input type="checkbox"/> Remove
		<i>33706</i>	
E. President	<i>Howard J Nemovitz</i>	<i>4606 Mirabella Ct</i>	<input type="checkbox"/> Add
		<i>St Pete Beach, FL</i>	<input checked="" type="checkbox"/> Remove
		<i>33706</i>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated APRIL 9, 2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**HOWARD NEMOVITZ, MANAGING MEMBER/EXEC PRES/DIRECTOR**

\_\_\_\_\_  
Typed or printed name of signee