

L13000020893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

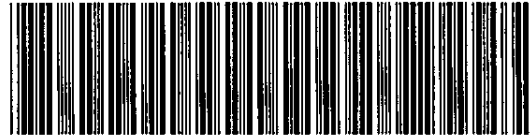
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Amend

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Duran DEC 15 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MY WAY FOR LIFE 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:

**GRANT S. SMITH**

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

**VIVANCO & VIVANCO CORPORATE SERVICES LLC**

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

**80 SW 8TH STREET SUITE 2000**

\_\_\_\_\_  
Address

**MIAMI, FL 33130**

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

**gsmith@vivancoyvivanco.com**

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

For further information concerning this matter, please call:

**GRANT S. SMITH**

**305 423-7121**

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

at (\_\_\_\_\_) \_\_\_\_\_  
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

MY WAY FOR LIFE LLC

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TALLAHASSEE, FLORIDA

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>
MGRM	YONATAN S. NEVO	BRICKELL BAYVIEW BUILDING	<input type="checkbox"/> Add
		80 SW 8TH STREET SUITE 2000	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	
MGRM	AHARON LUFAN	BRICKELL BAYVIEW BUILDING	<input type="checkbox"/> Add
		80 SW 8TH STREET SUITE 2000	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33130	
MGR	AHARON LUFAN	BRICKELL BAYVIEW BUILDING	<input checked="" type="checkbox"/> Add
		80 SW 8TH STREET SUITE 2000	<input type="checkbox"/> Remove
		MIAMI, FL 33130	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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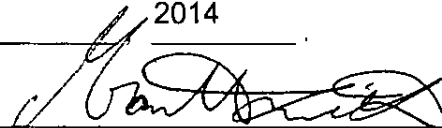
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 DECEMBER 02 2014

  
Signature of a member or authorized representative of a member

Grant Smith — Authorized Representative  
Typed or printed name of signer

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Filing Fee: \$25.00

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