L13000020893

(Req	guestor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	wait	MAIL
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Certified Copies	Certificates	s of Status
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Amend		

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TALLAHASSEE FLORID

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COVER LETTER

Division of Corpo		
MY WAY F	FOR LIFE LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence 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	
	E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
GRANT S. SMITH	305 423-7121	
Name of F		
Enclosed is a check for the	: following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	tus &

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

MY WAY FOR LIFE 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 Florida document number <u>L13000020893</u> .	were filed on FEBRUARY 0	8, 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	14 32
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		AN DEPARTMENT OF THE PERT OF T
(Principal office address MUST BE A STREET ADDRESS)		mo P M
Enter new mailing address, if applicable:	C/O VIVANCO & VIVAN	LORID.
(Mailing address MAY BE A POST OFFICE BOX)	80 SW 8TH STREET SU	JITE 2000
	MIAMI, FL 33130	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City, Flo	rida
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>	Type of Action
MGRM	YONATAN S. NEVO	BRICKELL BAYVIEW BUILDING	Add
·		80 SW 8TH STREET SUITE 2000	Remove
		MIAMI, FL 33130	
MGRM	AHARON LUFAN	BRICKELL BAYVIEW BUILDING	
		80 SW 8TH STREET SUITE 2000	Remove
		MIAMI, FL 33130	
MGR	AHARON LUFAN	BRICKELL BAYVIEW BUILDING	■ Add
		80 SW 8TH STREET SUITE 2000	□ Remove
		MIAMI, FL 33130	
			□ Add
			Remove LECKETARY SECRETARY
			- Pradd R TI
			Add
			Remove

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ne effective d	te, if other than the date of filing:
he effective d the date this d	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effective d the date this d	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after becument is filed by the Florida Department of State)
he effective d the date this d	EMBER 02 Signature of a member or authorized representative of a member
he effective d he date this d	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after becument is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE