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COVER LETTER

	Division of Corporations
SU	BJECT: Salvd y Vida / Health & Life LCC
	Name of Limited Liability Company
The	e enclosed Articles of Amendment and fee(s) are submitted for filing.
D.	the state of the second of the fall and the second of the
Ple	ase return all correspondence concerning this matter to the following:
	Lalfana Honojos - Orozco
	Name of Person Firm/Company
	- Firm/Company
	3054 S. Jog Road Address
	City/State and Zip Code 10/10 anay german @ gmail-com E-mail address (to be used for future about a report notification)
East	r further information concerning this matter, please call:
	Liliana Hinojo - Orozco at (720) 253-5315 Name of Person Area Code Daytime Telephone Number
	Name of Person V Area Code Daytime Telephone Number
En	closed is a check for the following amount:
	\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \) \(\text{Certified Copy} \) \(\text{(additional copy is enclosed)} \)

MAILING ADDRESS:

TO:

Registration Section

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

2016 APR-1 PH 4:09

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

	Authorized Person(s) authorized to ma from our records:	anage, <u>enter the title, name, and address of eac</u>	h person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date motorial of the date inserted in this blocument's effective date on the I	olock does not n	neet the applic	able statutory fili	more than 90 days a ing requirements,	ptional) fter filing.) Pursuant to this date will not be l	605.0207 listed as
e record specifies a delaye The 90th day after the re			t an effective	time, at 12:0	1 a.m. on the ea	rlier of
Dated Klarch	29	2016				
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	Signature of a	member or auth	orized representati	ve of a member		•

Page 3 of 3

Filing Fee: \$25.00