

L13000098149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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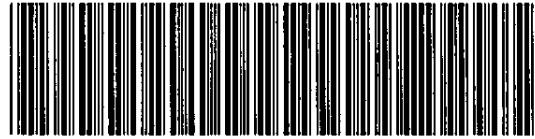
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 31 2014
U.S. DEPT. OF JUSTICE

**Articles of Amendment
to
Articles of Organization
of**

ACP-LYFE, 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 7/10/13
and assigned Florida document number L13000098149

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: 2100 Ponce De Leon Blvd.

(Principal office address **MUST BE A STREET ADDRESS**) Suite 1045

Coral Gables, FL 33134

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2100 Ponce De Leon Blvd.

Suite 1045

Coral Gables, FL 33134

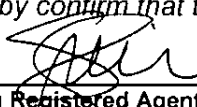
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Sandra Navarro-Garcia

New Registered Office Address: 7951 SW 40th Street, Suite 202
Miami, FL 33155

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 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

C. If amending the Managers of Authorized Member on our records, enter the title, name, 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> (Check One)
1) MGR	Michael Calderon	2100 Ponce De Leon Blvd. Suite 1045 Coral Gables, FL 33134	☐ Add ☐ Remove ☒ Change

D. **If amending any other information, enter change(s) here:**

(Attach additional sheet, if necessary). (Be specific)

E. **Effective date, if other than the date of filing:** _____ **(optional)** (if an effective date is listed, the date must be specific and cannot be more than 90 days after filing.)
(605.0207 (3)(b))

Dated

1/14/2014

Signature



Signature of a member or authorized representative of a member

Michael Calderon

(Typed or printed name of person signee)

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TALLAHASSEE FLORIDA