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## COVER LETTER

	LIFE IN PRO	OGRESS BY JESSLOPE, LL	С			
C1.		Name of Limi	ited Liability Company			
			_			
		Michael S. Foelster				
		<del></del>	Name of Person			
		Backer Aboud Poliakoff &	Foelster, LLP			
Firm/Company						
		400 S. Dixie Highway, Sui	ite 420		SE SE	
			Address	- 112	CRE A	
		Boca Raton, Florida 33432	2		SSET S	=
		mfoelster@bapflaw.com	City/State and Zip Code		PR FER FE	TLED
her in	formation co			fication)	TATE ORIDA	
l Foe			561 361-8535 at ()			
	Name of	Person	Area Code Daytim	e Telephone Number		
ed is a	check for the	e following amount:				
5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	te of Status & Copy	
	Divi CT:	Division of Corp  LIFE IN PRO  CT:  losed Articles of A  eturn all correspon  her information co  el Foelster  Name of	Name of Liminal Name of Amendment and fee(s) are subseturn all correspondence concerning this matter    Michael S. Foelster	LIFE IN PROGRESS BY JESSLOPE, LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following:  Michael S. Foelster  Name of Person  Backer Aboud Poliakoff & Foelster, LLP  Firm/Company  400 S. Dixie Highway, Suite 420  Address  Boca Raton, Florida 33432  City/State and Zip Code  mfoelster@bapflaw.com  E-mail address: (to be used for future annual report noting the information concerning this matter, please call:  Area Code  Name of Person  Area Code  Daytim  di is a check for the following amount:  1.00 Filling Fee  \$30.00 Filling Fee & Certified Copy	LIFE IN PROGRESS BY JESSLOPE, LLC  Thame of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Michael S. Foelster  Name of Person  Backer Aboud Poliakoff & Foelster, LLP  Firm/Company  400 S. Dixie Highway, Suite 420  Address  Boca Raton, Florida 33432  City/State and Zip Code  mfoelster@bapflaw.com  E-mail address: (to be used for future annual report notification)  her information concerning this matter, please call:  18 Foelster  Name of Person  Name of Person  Area Code  Daytime Telephone Number  19 di is a check for the following amount:  10 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Cory  (additional copy is enclosed)	Division of Corporations  LIFE IN PROGRESS BY JESSLOPE, LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  etturn all correspondence concerning this matter to the following:  Michael S. Foelster  Name of Person  Backer Aboud Poliakoff & Foelster, LLP  Firm/Company  400 S. Dixie Highway, Suite 420  Address  Boca Raton, Florida 33432  City/State and Zip Code  mfoelster@bapflaw.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Area Code  Name of Person  Area Code  Daytime Telephone Number  di is a check for the following amount:  1.00 Filing Fee  Certificate of Status  Certificate of Status & Certificate Opy  Certificate of Status & Certificate of Status

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

LIFE IN PROGRESS BY JESSLOPE, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited )	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000105955</u>	were filed on	and assigned	
Chis 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Amailing address, if applicable:  (Amailing address MAY BE A POST OFFICE BOX)  (Boca Raton, FL 33432  (Co Backer Aboud Poliakoff & Foelster, LLP)  (Amailing address MAY BE A POST OFFICE BOX)  (Boca Raton, FL 33432  (Co Backer Aboud Poliakoff & Foelster, LLP)  (Amailing address MAY BE A POST OFFICE BOX)  (Boca Raton, FL 33432)  (Boca Raton, FL 33432)  (Boca Raton, FL 33432)			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	c/o Backer Aboud Poliakoff & Foelster	, LLP	
• •	400 S. Dixie Highway, Suite 420		
17 mespai office and ess is col 2021 is 1 message.	Boca Raton, FL 33432		
Enter new mailing address, if applicable:	c/o Backer Aboud Poliakoff & Foelster	, LLP	
(Mailing address MAY BE A POST OFFICE BOX)	400 S. Dixie Highway, Suite 420		
	Boca Raton, FL 33432		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	ffice address on our records, entere:  Enter Florida street address Florida		
<del></del>	City , Florida	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael S. Foelster	400 S. Dixie Highway, Suite 420	🗀 Add
		Boca Raton, FL 33432	■ Remove
			Change
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). If amending any other informa	tion, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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	8/15/2016 at 12:01 am		3
Effective date, if other than the	date of filing:	(optional) > og or more than 90 days after filing.) Pursuant to	
Note: If the date inserted in this bl	ock does not meet the applicable statutory	y filing requirements, this date will not be l	isted as th
document's effective date on the D	epartment of State's records.		
the record specifies a delayed  ) The 90th day after the rec		tive time, at 12:01 a.m. on the ea	rlier of:
) The Sould day after the rec	ord is filed.		
Dated August 11	2012		
Dated August 11	·		
	Resign Yours		
	Signature of a member or buthorized represen		
	Jessica Lopera	No	
	vessica copera	1012-agrif Member	

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