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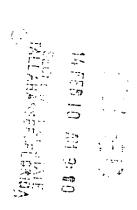
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2014

ROLLAN ROBERTS II 77 3RD AVE WEST NORTH KALISPELL, MT 59901

SUBJECT: GINGA LIFE, LLC Ref. Number: L13000154994

We have received your document for GINGA LIFE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00000586

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Ging	ga Life, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Dr. Rollan l	Roberts II	
	***	Name of Person	
		Firm/Company	
	432 E. Idah	no St	
		Address	•
	Kalispell, M	1T 59901	
		City/State and Zip Code	
	rollan@icloud.c	OM to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	·	
			956
Name	of Person	at (406) 212.9	e 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)
Regist Divisi P.O. E	LING ADDRESS: cration Section on of Corporations Box 6327 cassee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ginga Life, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L13000154994</u> .	any were filed on 11/4/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
Gingaland, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	i .'
		7-1-
		\$ A T
Enter new mailing address, if applicable:	432 E. Idaho St.	30
(Mailing address MAY BE A POST OFFICE BOX)	Kalispell, MT 59901	
		And the second second
		# # # # # # # # # # # # # # # # # # #
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		
registered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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 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:

<u>Title</u>	<u>Name</u>		Address	Type of Action
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				Add
				Remove
			***************************************	Vi VIII Add Add
				Remove
				UP TO Add
				Remove
				□ Add
				□ Remove
				□ Add
				Remove

If amending any other information, enter of	change(s) here: (Attach additional sheets, if necessary.)
-	
Effective date, if other than the date of filing. The effective date must be specific, cannot be prior to do the date this document is filed by the Florida Department.	late of receipt or filed date and cannot be more than 90 days after
Dated February 10	2014
Nee The	
Rollan Roberts II	a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00