

L17000 159496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2014

BRYAN YARNELL ESQ  
11000 PROSPERITY FARMS RD SUITE 205  
PALM BEACH GARDENS, FL 33410

SUBJECT: REAL LIFE LAB, LLC  
Ref. Number: L13000159496

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

We are enclosing the proper form(s) with instructions for your convenience.

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: 714A00000233

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Real Life Lab, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan J. Yarnell, Esq.

Name of Person

Gilbert | Yarnell

Firm/Company

11000 Prosperity Farms Road, Suite 205

Address

Palm Beach Gardens, Florida 33410

City/State and Zip Code

eservice@gilbertyarnell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan J. Yarnell

Name of Person

at ( 561 ) 622-1252

Area Code

Daytime 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)

### 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**

**REAL LIFE LAB, 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 November 8, 2013 and assigned Florida document number L13000159496.

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:**

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

14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30
14	JAN	20	10:30

**Enter new mailing address, if applicable:**

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

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Real Life Recovery Delray, Inc.	258 S.E. 6th Ave.	<input type="checkbox"/> Add
		Suite 8	<input checked="" type="checkbox"/> Remove
		Delray Beach, Florida 33483	
MGRM	Real Life Recovery Delray, LLC	258 S.E. 6th Ave.	<input checked="" type="checkbox"/> Add
		Suite 8	<input type="checkbox"/> Remove
		Delray Beach, Florida 33483	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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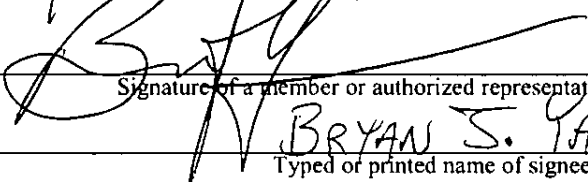
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 23, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
BRYAN S. YARNELL, Esq.  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

16 JAN 28 AM 10:30  
STATE OF MISSISSIPPI  
TALLAHASSEE, FLORIDA