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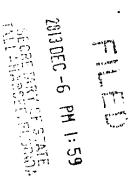
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DEC - 9 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOOT LIFE 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:	
TYSON Weaman Name of Person	
Firm/Company	
4250 Galt Orean DR Apt 3U	
Ft Lauderdale FL 33308 City/State and Zip Code	
E-mail address: (% be used for future annual report notification)	'n.
For further information concerning this matter, please call:	1964 T
Tyson Werman Name of Parson at Sol S110-0952 Area Code & Daytime Telephone Number	Ingdo-i
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$55.00 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

Dorbte	LLC		_
(Name of the Limited Liability) (A Florida	y Company as it now appears of Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	8/13 and	assigned
Florida document number <u>L13000161054</u>		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,"	' the designation "LLC" or the	he abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)	<u> </u>	2
			日
Enter new mailing address, if applicable:		元 200 200 200 200 200 200 200 200 200 20	6 1
(Mailing address MAY BE A POST OFFICE BOX)	Annual An	**************************************	I (
industry dearess mile be miles of the body			**
	-	7,370	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the nam	e of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	City	Zip C	ode

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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tyson Wegman	4250 Galt Oran Dr Apt 3U Ft Lauderdake Fc 33308	Add
. 0	· U	Ft lauderdake Fc 33308	Remove
			_
	· 		Add
			Remove
			-
·			Add
			Remove
	· · · · · · · · · · · · · · · · · · ·	Add	
			Remove
		- 	
			Add
		 	Remove
			
			Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	·
_	
-	
_	
Dated	erember 4th, 2013.
	A STATE OF THE STA
	Signature of a member or authorized representative of a member
	Tyson Wecman
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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