

L13000167700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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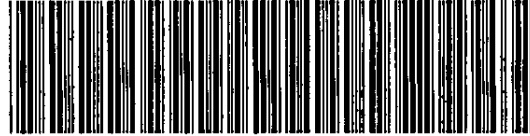
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 03 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIFE BACK 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:

Judy I. CAVALIERI  
Name of Person

LIFE BACK LLC  
Firm/Company

5224 HALTATA COURT  
Address

NEW PORT RICHEY FL 34655  
City/State and Zip Code

JCAVALIERI10@ADL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Judy I. CAVALIERI at (727) 376-2003  
Name of Person 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**

LIFE BACK 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 12/03/13 and assigned  
Florida document number L13000167700

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Same as above

The new name must be distinguishable and contain 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)

5224 HALTATA COURT  
NEW PORT RICHEY, FL 34655

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

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

**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:

Same as listed

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

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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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>MICHELLE M. SMITH</u>	<u>1502 REGAL MIST LOOP</u>	<input type="checkbox"/> Add
		<u>TRINITY, FL 34655</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ROBERT R. CAVALIERI</u>	<u>3338 LANKIN DR.</u>	<input type="checkbox"/> Add
		<u>NEW PORT RICHEY, FL.</u>	<input checked="" type="checkbox"/> Remove
		<u>34655</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>ELIZABETH C. HOWARD</u>	<u>1239 HALAPA WAY</u>	<input type="checkbox"/> Add
		<u>TRINITY, FL 34655</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>WILLIAM CAVALIERI SR</u>	<u>5224 RAFTATA CT.</u>	<input type="checkbox"/> Add
		<u>NEW PORT RICHEY, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34655</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>WILLIAM CAVALIERI JR</u>	<u>3747 DOG TROT ST.</u>	<input type="checkbox"/> Add
		<u>NEW PORT RICHEY, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34655</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
JULIAN R. S. F. ORILL  
16 AM  
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[illegible]

4/1/16

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/26/16

4/26/16

\_\_\_\_\_, \_\_\_\_\_  
*Judy N. Cullen*  
 Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

Tudy I. Cavalieri  
Typed or printed name of signee

Typed or printed name of signee

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