# L14000050033

| (Re                     | questor's Name)    |      |
|-------------------------|--------------------|------|
| (Ad                     | dress)             |      |
| (Ad                     | dress)             |      |
| (Cit                    | ry/State/Zip/Phone | e #) |
| PICK-UP                 | ☐ WAIT             | MAIL |
| (Bu                     | siness Entity Nar  | me)  |
| (Do                     | ocument Number)    |      |
| Certified Copies        |                    |      |
| Special Instructions to | Filing Officer:    |      |
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& Stituens MAY 21 2014

### **COVER LETTER**

| TO: Registration Section Division of Corporation |   |   |  |
|--|---|---|--|
| SUBJECT:   | Name of Limi                                    | festyles LLC ted Liability Company                                  |  |
| The enclosed Articles of Art                     | nendment and fee(s) are subr                    | mitted for filing.  |  |
| Please return all corresponde                    | ence concerning this matter t                   | to the following:   |  |
|  |   | Thura Care Name of Person   |  |
|  | 10  | t Ctestyles<br>Firm/Company   | LU   |
|  | 9705D   | Born Gardens Address  | Circle D   |
|  | Boc   | City/State and Zip Code   | 33496  |
| -  |   | o be used for future annual report notifica                         | ad. net  |
| For further information cond                     | erning this matter, please ca                   | ili:  |  |
| Name of Pe                                       | rson  | at (Set) 6545<br>Area Code Daytime To                               | elephone Number  |
| Enclosed is a check for the f                    | ollowing amount:                                |   |  |
| □ \$25.00 Filing Fee                             | □ \$30.00 Filing Fee &<br>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

| (Name of the Limited Liability Compa) (A Florida Limited L  | He Dish LifestyellC<br>ny as it now appears on our records.)   |
|---|--|
| (A Florida Limited L  | diability Company)   |
| The Articles of Organization for this Limited Liability Company Florida document number 400505033 | were filed on 3 ( \( \) and assigned   |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liabi                                      | ility company here:  |
| TC Cifestyles   | HC   |
| The new name must be distinguishable and end with the words Timited Liabi                         | ility Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | 9705 D Dea Cardens Cir N   |
| (Principal office address MUST BE A STREET ADDRESS)   | 150 ca Katon 76 35496  |
|   |  |
|   |  |
| Enter new mailing address, if applicable:   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   |  |
|   |  |
| B. If amending the registered agent and/or registered of  | fice address on our records, enter the name of the new   |
| registered agent and/or the new registered office address here                                    | · · · · · · · · · · · · · · · · · · ·  |
|   | Zi Ao  |
| Name of New Registered Agent:   | A ES =   |
|   | HA A   |
| New Registered Office Address:  | Enter Florida street address   |
|   | (F) (F) (F)  |
|   | City Siz Zin Code (************************************  |
| Nian Desistand Annual Cinnaan 15 Annual D   | The control of the co |
| New Registered Agent's Signature, if changing Registered Agent:                                   | <b>A</b> O   |

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 Rogistered Agent, Signature of New Registered Agent

|                                    | Name + address  |
|------------------------------------|---|
| <del></del>                        |   |
|                                    |   |
|                                    | · · · · · · · · · · · · · · · · · · ·   |
| e effective o                      | ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after |
| ne effective one date this d       |   |
| he effective of<br>the date this d | date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after   |
| The effective of                   | date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after   |

Page 3 of 3

Filing Fee: \$25.00

