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(Re	questor's Name)	
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COVER LETTER

TO: Registration Sec Division of Cor			•
SUBJECT:	13 IKE LIFE Name of Lim	NATION LUC nited Liability Company	<u>/</u>
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Stephan	Name of Person	
	BILLE !	Firm/Company	<u>(c</u>
	4307 Conc	ine Palm Ct.	-
	Greenacros	City/State and Zip Code then 1@ yahoo to be used for future annual repor	3
	BIXELIFE NO E-mail address: (thon 1@ yahoo. to be used for future innual repor	t notification)
For further information co	oncerning this matter, please ca		
Stananu Name of	e Heredia Person		219-8055 aytime Telephone Number
Enclosed is a check for the	c 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

<i>→</i> 1. ~	UPE N		L.		
(Name of the Limited	Liability Compar Florida Limited L	ny as it now appears o lability Company)	n our records.)		
The Articles of Organization for this Limited Lia Florida document number 14000 102		were filed on	4/16/14	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here	:		
The new name must be distinguishable and contain the wor	ale "Limited Liabili	ty Campuny "the deci-	motion "I I C" at the all	reministra of 1 C W	
				_	
Enter new principal offices address, if applical	3515	3575 73rd Ave S. #107			
(Principal office address MUST BE A STREET ADDRESS) Lake Worth,			North, te	33461	
					
Enter new mailing address, if applicable:		587 Cx	esta Circle in Beach.		
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	West ta	m beach.	n 33413	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered off ce address here	ice address on o	ur records, <u>enter t</u>	he name of the nev	
New Registered Office Address:	3575 2	230 APVL Enter Florida	S. ±107 street address, Florida		
	Lake	City:	, Florida	3346 Zip Code	
New Registered Agent's Signature, if changing Reg				.51	
I hereby accept the appointment as registered or provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the rescompany has been notified in writing of this change in the company has been notified in writing of this change in the change i	and complete pered agent as pi gistered office a	performance of my provided for in Cha	duties, and I am fa pter 605, F.S. Or, i	miliar with and	

If Changing Registered Agent, Signature of New Registered Agent

"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>	Address	Type of Action
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effective date is listed, :: If the date inserte	er than the date of f , the date must be specified ed in this block does rate on the Department	ic and cannot be prior not meet the applica	able statutory filing re	than 90 days afte	
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Page 3 of 3

Filing Fee: \$25.00