#L14000069982

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

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COVER LETTER

TO: **Registration Section**
   Division of Corporations

SUBJECT: _____*Theelife, 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:

_____*Jeffrey Hernandez*_____
                        Name of Person

_____*Vestor, LLC*_____
                        Firm/Company

_____*1732 Old Summerwood Blvd*_____
                        Address

_____*Sarasota, FL 34232*_____
                        City/State and Zip Code

_____*Support@vestorautolease.com*_____
       E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____*J.J.*_____ at (_*941*_) _*914-5220*_
       Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☒ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                              Certificate of Status   Certified Copy   Certificate of Status &
                                                           (additional copy is enclosed)   Certified Copy
                                                                                          (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                    Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Thee Life, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2014 JUL 14 PM 12: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number *#L14000069982* .

This amendment is submitted to amend the following:

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

Vestor, LLC

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)

5138 Mahogany Run Ave
Sarasota, FL 34241

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5138 Mahogany Run Ave
Sarasota, FL 34241

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

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____ ☐ Add	
		_____ ☐ Remove	
		_____	
_____	_____	_____ ☐ Add	
		_____ ☐ Remove	
		_____	
_____	_____	_____ ☐ Add	
		_____ ☐ Remove	
		_____	
_____	_____	_____ ☐ Add	
		_____ ☐ Remove	
		_____	
_____	_____	_____ ☐ Add	
		_____ ☐ Remove	
		_____	
_____	_____	_____ ☐ Add	
		_____ ☐ Remove	
		_____	

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

_____

_____

_____

_____

_____
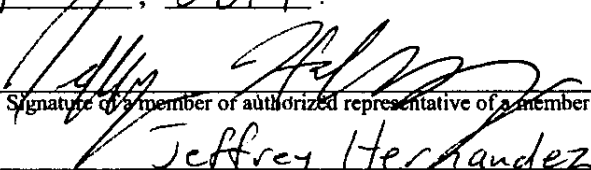
E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____ July 9th _____, 2014 .

_____

Signature of a member of authorized representative of a member

_____

Jeffrey Hernandez

Typed or printed name of signee

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Filing Fee: $25.00