L14000093994

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COVER LETTER

Division of Co	rporations		
	IFE 6, LLC		
SWEET LIFE 6. 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: BRIAN E. BORST			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	BRIAN E. BORST		
		Name of Person	
	SWEET LIFE 6, LLC		
		Firm/Company	
	16475 SAN CARLOS BO	ULEVARD	
		Address	
	FORT MYERS, FL 33908		
		Name of Person C Firm/Company S BOULEVARD Address 33908 City/State and Zip Code ail.com ress: (to be used for future annual report notification) ease call: at (
			<u> </u>
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
BRIAN E. BORST		at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

SWEET LIFE 6, LLC

company has been notified in writing of this change.

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)			
The Articles of Organization for this Limited Liability Company were filed on June 11, 2014 Florida document number 1.14000093994					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability compar	ov here:			
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbrevia	tion "L.L.C."		
Enter new principal offices address, if appli	cable:				
(<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	DIVISION 18 AUG		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			TARY OF OF CORPO		
			8: 41		
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, enter the	name of the ne		
Name of New Registered Agent:	BRIAN E. BORST				
New Registered Office Address:	16475 SAN CARLOS BOUI	LEVARD			
Trowning interest of the Fidules.	Enter Florida street address				
	FORT MYERS	, Florida <u>33908</u>			
	City	Ζij	p Code		
New Registered Agent's Signature, if changing	Registered Agent:				
I hereby accept the appointment as register provisions of all statutes relative to the propaction as regions filed to merely reflect a change in the	per and complete performanc sistered agent as provided for	ve of my duties, and I am famili in Chapter 605, F.S. Or, if thi	iar with and is document is		

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>	<u>Address</u>	Type of Action
MGR	CLARISSA A. BORST	17213 WRIGLEY CIRCLE	
		FORT MYERS, FL 33908	Remove
			Change
		÷ -	
			☐ Remove
			Change
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			Add
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	8.	ランス - 1777 - 1777
		ON:
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Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of filin	(optional) g or more than 90 days after filing.) Pursuant to 605	5.0201
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie	er o
Dated 13 August DELK		
Dated 13 August Dell. Signature of a member or authorized representations.		
.) ()		

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Typed or printed name of signee

Filing Fee: \$25.00