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COVER LETTER

S.I	PALEO LF U BJECT:	, LLC		
יכ	DBJEC1;	Name of Lin	nited Liability Company	
Ti	ne enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
PI	ease return all correspo	ndence concerning this matter	to the following:	
		SANDRA B. MASSO		
			Name of Person	
		PEAK CORP		
			Firm/Company	
		16475 Golf Club Rd. Suite	# 304	
			Address	
		Weston, Fl. 33326		
			City/State and Zip Code	······································
		peakcorp@hotmail.com		
		E-mail address: (to be used for future annual report noti	fication)
Fo	r further information co	oncerning this matter, please ca	ali:	
SA	ANDRA B.MASSO	·	954 660-0114	
_	Name of	f Person		e Telephone Number
En	iclosed is a check for th	e 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:

TO:

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Registration Section Division of Corporations

> 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

PALEO LIFE, LLC		
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li	ability Company were filed on 07/21/2014	and assigned
Florida document number L14000115088	·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
		₹ =
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" of	or the abbreviation "C.T.C."
Enter new principal offices address, if applications	able:	N
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE I	BOX)	
		
D. If amonding the registered exect and/	on models and office address on the control	antan the arms of the arms
registered agent and/or the new registered of	or registered office address on our records, fice address here:	enter the name of the nev
Name of New Registered Agent:		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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

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 Type of Action _□ Add Remove _□ Change _ Add ☐ Remove □ Remove □ Change⊃ □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add

☐ Remove

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FEBRUAI	RY 14,2017	5)		·							
Jarea	(X)	\ /	1									

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Typed or printed name of signee

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