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10/9/2015

# L15000005315

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : I20120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL LIFE PRINCIPLES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of CorporationsSUBJECT: ALL LIFE PRINCIPLES 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:

ANDREA WOODARD

Name of Person

ABKCORP

Firm/Company

3300 S HIAWASSEE RD STE 106

Address

ORLANDO, FL 32835

City/State and Zip Code

OPERATIONS@ABKCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA WOODARD

407

898-1757

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 32314STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H150002422043

2015-10-08 21:07:03 (GMT)

FILED  
14076503010 From: Account Bookkeeping

2015 OCT -8 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALL LIFE PRINCIPLES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/09/2015 and assigned  
Florida document number L15000005315

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6965 PIAZZA GRANDE AVE STE 308

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835

Enter new mailing address, if applicable:

6965 PIAZZA GRANDE AVE STE 308

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32835

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:

6965 PIAZZA GRANDE AVE STE 308

Enter Florida street address

ORLANDO

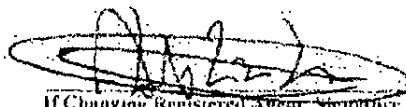
Florida 32835

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 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

| Title | Name                    | Address                | Type of Action                             |
|-------|-------------------------|------------------------|--------------------------------------------|
| AMBR  | ANA PAULA GODINHO DAMIA | 4680 OAKCREEK STREET.  | <input type="checkbox"/> Add               |
|       |                         | #110                   | <input checked="" type="checkbox"/> Remove |
|       |                         | ORLANDO, FL 32835      | <input type="checkbox"/> Change            |
| MGR   | ROCCO VIEGAS, LUCIANA   | RUA CHICO HERRERA 50   | <input checked="" type="checkbox"/> Add    |
|       |                         | SAO PAULO, SP          | <input type="checkbox"/> Remove            |
|       |                         | 02314-090 - BRAZIL     | <input type="checkbox"/> Change            |
| MGR   | DAMIANI, ALEXANDRE      | 6965 PIAZZA GRANDE AVE | <input type="checkbox"/> Add               |
|       |                         | STE 308                | <input type="checkbox"/> Remove            |
|       |                         | ORLANDO, FL 32835      | <input checked="" type="checkbox"/> Change |
|       |                         |                        | <input type="checkbox"/> Add               |
|       |                         |                        | <input type="checkbox"/> Remove            |
|       |                         |                        | <input type="checkbox"/> Change            |
|       |                         |                        | <input type="checkbox"/> Add               |
|       |                         |                        | <input type="checkbox"/> Remove            |
|       |                         |                        | <input type="checkbox"/> Change            |
|       |                         |                        | <input type="checkbox"/> Add               |
|       |                         |                        | <input type="checkbox"/> Remove            |
|       |                         |                        | <input type="checkbox"/> Change            |

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

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SECRETARY OF STATE  
FALLENBERG

**C. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 08

2015

Signature of a member or authorized representative of a member

ALEXANDRE DAMIANI

Typed or printed name of signee

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