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MAY - 8 2015 **T. BROWN**

9 •	COVER LETTER
TO: Registration So Division of Con	ection *
SUBJECT:	SLICE OF LIFE INVESTMENTS LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: HATTEO SOLISTINI Name of Person SULE OF LIPE INVESTMENTS LLC Firm/Company F.C. BOX 19186L Address HAHI BEACH, FL 33139 City/State and Zip Code (NFO & POOGROUP. ESTATE E-mail address: (to be used for future annual report notification) Dincerning this matter, please call: SOLIATINI at (766) 536-2406
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all correspondent	ondence concerning this matter to the following:
	HUTTED SOLIDATINI
	SUCE OF LIFE INVESTIGATS LLC
	Firm/Company
	P-0. BOX 49486L
	Address
	MUHI BUACH, FL 33139
	City/State and Zip Code
	INFO & ROOGROUP. ESTATE
For further information of	concerning this matter, please call:
. .	
MARC	SOUDATING at (766) 536-2106
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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SUCE OF LIFE INVES	STREATS LLC
SUCE OF LIFE INVES (Name of the Limited Liability Company (A Florida Limited Liability)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	
Florida document number	
This amendment is submitted to amend the following:	
Ţ.	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1330 15TH ST
(Principal office address MUST BE A STREET ADDRESS)	MUHA BEACH, FL 33139
Enter new mailing address, if applicable:	P.O. BOX 191862
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH FL 33139
B. If amending the registered agent and/or registered offi	is address on our records onter the name of the new
registered agent and/or the new registered office address here:	the address on our records, enter the name of the new
Name of New Registered Agent:	RED REMAILS LLC
New Registered Office Address: 43	30 15th ST
	Enter Florida street address
<u>। भिरा</u>	BEACH , Florida 33130
	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 of firm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, S

Page 1 of 3

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** RED RENTAL LLC MGR P.O. BOX 191862 TOMMI BEACH FL 33139 Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change

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Filing Fee: \$25.00