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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lifesty!	es AT DC, LLC Name of Limited Liability Company
()	Name of Limited Liability Company
	, 1
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.
Please return all correspondence co	neerning this matter to the following:
	William Breaden
	Name of Person
	1
	Firm/Company
47	717 Dolphin Cay Ln 5 #108
	Tetersburg, FL 3374 City/State and Zip Code breaden @ gmail.com E-mail address: (to be used or future annual report notification)
	City/state and Zip Code
<u> w</u>	E-mail address: (to be used for future annual report notification)
For further information concerning	this matter, please call:
William Bron	dew at (813) 312 - 1007 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following	 g amount:
	00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
<u> </u>	rtificate of Status Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADD Registration Secti	11
Division of Corpo	
P.O. Box 6327	Clifton Building
Tallahassee, FL 3	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Litestyles AT DC	LLC	
(Name of the Limited Liability Companies (A Florida Limited Liability Companies)	y as it now appears on our records.)	_
(, , , , , , , , , , , , , , , , , , ,	Surpain,	
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number		
The second secon		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Deboral L. Signa	16	
The new name must be distinguishable and contain the words Limited Liability	y Company," the designation "LLC" or the abbres	riation "L.L.C."
 Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
'		
_		
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on our records, enter the	name of the nev
registered agent and or the new registered office address here.		
Name of Name Province	Same	-4 ≯-γ.,-,
Name of New Registered Agent:	Jame 1	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	- 10
1	City	Sip Code
New Registered Agent's Signature, if changing Registered Agent:		. 7
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 po	erformance of my duties, and I am fami	liar with and
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office at	ovided for in Chapter 605, r.s. Or, if the ddress. I hereby confirm that the limited	us aocument is d liability
company has been notified in writing of this change.	,	

If Changing Registered Agent, Signature of New Registered Agent

If amend or remov	ling Authorized Persoved from our records:	n(s) authorized to	manag	e, <u>enter the title,</u> name, an	d address of each p	person being added
MGR = AMBR =	Manager - Authorized Member					
<u>Title</u> ,	<u>Name</u>		A	Address		Type of Action
						□ Add
			_			□ Remove
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f amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the date inserted in the	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pu st block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	rsuant to 605.0207 I not be listed as
e record specifies a dela The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on record is filed.	the earlier of
Dated <u>December</u>	Lelle & Sund	
——— <i>4</i>	Signature of a member or authorized representative of a member	
//		
	1) / Am K. Breaden Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00