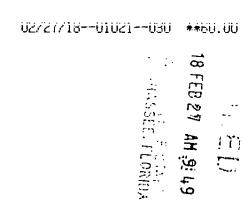
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ect: KD	Lifective LL	C	
	-	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Beynalo	Name of Person	
		RD Lifes	Firm/Company Apt 101 Mani Gerelos	
		77000 10 10 10 AV	Apt 101 Mini Gerdons	FL, 33169
		EDDLO LEGO,	Address	
		_	FL 32725 City/State and Zip Code	
		K Langle 120 E-mail address: (LIFE SNIGGROUP. COM to be used for Juture annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	•	,
R	reynoud Name of	<u>Lanjel</u> Person	at (365) \$34- Area Code Daytime	67-88 Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 2:	5.00 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 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

RD Lifestyle LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on <u>04/23/15</u> and assigned Florida document number <u>1500071872</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1801 NE 123" ST SUITE 314	
(Principal office address MUST BE A STREET ADDRESS)	NOV-th Michi FL 33181	
Enter new mailing address, if applicable:	1801 NE 123rd St Suite 314	
(Mailing address MAY BE A POST OFFICE BOX)	North Migni FL 33181	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	City Zin 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
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			☐ Change
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ctive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable status	tory filing requirements, this date will not be listed
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
- with auc	
a February 14 2018	
Mann till	
Signature of a member or authorized repre	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00