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SECRETARY OF STATE
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

cover letter

TO: Registration Section Division of Corporations
SUBJECT: Managing Real Life, LLC Name or 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:
Mery Blackman - cellphone - Name of Person - 973-886-8919
Managing Real Life, LC
5925 Shore Blud, So. #302
Gulfport, F1, 33707 City/State and Zip Code Merulblackman 09 @gmail, com E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meryl Blackman at (973) 886-8915 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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

Maragina Real Life, 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 we Florida document number 1500078804	vere filed on May 5, 2015 and assigned				
Florida document number) 15 mm 72804					
Florida document flumber <u>F150001880</u> T	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company here:				
Real Life Matters L	C				
The new name must be distinguishable and contain the words "Limited Liability					
The new haine thus oe distinguishable and contain the words. Entitled Entoting	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
	227.1				
	\ \(\rangle\rang				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi	ce 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:	11 M				
New Registered Office Address:					
	Enter Floridà street address				
	, Florida <u>Fig.</u> The SS				
	City Sign Code S				
New Registered Agent's Signature, if changing Registered Agent:	HETA TOTAL				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete the					
provisions of all statutes relative to the proper and complete performance of my duties, and I am jamilia pith 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 of this change					
company has been notified in writing of this change.					
	·r				

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			PRemove 77
			☐ Change

D. If amending any other information, enter c	hange(s) here: (Attach additional sheets,	if necessary.)	
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E. Effective date, if other than the date of filin	α.	_ (optional)	
(If an effective date is listed, the date must be specific and Note: If the date inserted in this block does not a document's effective date on the Department of States.	d cannot be prior to date of filing or more than 90 da meet the applicable statutory filing requirement	ays after filing.) Pursua	
If the record specifies a delayed effective (b) The 90th day after the record is filed.		2:01 a.m. on the	
		15 J	SECI 338
Dated May 29	, <u>2015</u> .	JUN - CHETAI LAHASS	REAL REAL
Men Signature of a	member or authorized representative of a member	RY OF S	TEU YRYDD
		LORIGIES I	S FA
- Mery Day	Typed or printed name of signee	<u> </u>	- JE

Page 3 of 3

Filing Fee: \$25.00