# L15000097604

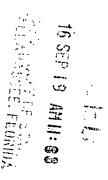
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## **COVER LETTER**

TO: Registration S Division of Co			
Life Soils, SUBJECT:			
SUBJECT:		ited Liability Company	<del></del>
	f Amendment and fee(s) are sub	•	
riease return att corresp	ondence concerning this matter  Kevin Schadick	to the following:	
	Reviii Schadick	Name of Person	
	Seeley Savidge Ebert & Go		
		Firm/Company	<del></del>
	26600 Detroit Road, 3rd F	loor	
	·	Address	
	Westlake, Ohio 44146		
		City/State and Zip Code	
•	kschadick@sseglaw.com	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	•	
Kevin Schadick		216 535-4520 at ()	
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 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

Life Soils, LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L15000097604	empany were filed on June 3, 2015	and assigned
This amendment is submitted to amend the following:	-'	
A. If amending name, enter the new name of the limit	ed liability company here:	
Life Soils Florida, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	FCC)	
Trincipal Office wasters WOST BL A STREET ADDRE	<u> </u>	
		***
Enter new mailing address, if applicable:		65
(Mailing address MAY BE A POST OFFICE BOX)		7
3		Fi. 9
B. If amending the registered agent and/or registe		
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

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
			□ Remove
			□ Change
			□ Add
			□ Remove
,		-	☐ Change
		····	
			□ Remove
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			□ Change
			☐ Add
			☐ Remove
			□ Change

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Filing Fee: \$25.00