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(Re	questor's Name)	
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SECRETARY OF STATE

JAN 1 9 2016 S. YOUNG

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COVER LETTER

TO:	Registration Se Division of Cor			
O* 150 Y	AG of Flori	ida LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	 -
		Amendment and fee(s) are sub	•	
		Brian Andersen		
			Name of Person	
			Firm/Company	
		1655 Palmer Avenue		
			Address	
		Winter Park, FL 32789		7.
		andersensmile@gmail.com	City/State and Zip Code	JAN 15
	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			二 3 3 3 4 3 3 4 3 3 3 3 3 3 3 3 3 3 3 3	
Brian	Andersen		772 766-1752 at ()	ZH &
	Name o	f Person	Area Code Daytime Telepho	ne Number
Enclos	sed is a check for th	ne 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:

TO:

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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Life Changing Cookware LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1655 Palmer Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32789	<u>ح</u>
Transput office data ess MOST BLASTREET ADDRESS)		
		1 2 1 1 1
		5 5 E
Enter new mailing address, if applicable:	**************************************	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		is, enter the name of the
New Registered Office Address:		
New Registered Office Address:	Enter Florida street addre	ess
New Registered Office Address:		lorida
New Registered Office Address:		

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		<u></u>	☐ Change
			□ Add
			☐ Remove
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			☐ Change
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			☐ Remove
			☐ Change

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ective date, if other than the d	ate of filing:	(optional)
effective date is listed, the date must b	e specific and cannot be prior to d	late of filing or more than 90 days	s after filing.) Pursuant to 605.0
te: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applicable artment of State's records.	e statutory filing requirement	s, this date will not be listed
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record specifies a delayed	effective date, but not a	n effective time, at 12:	01 a.m. on the earlie
he 90th day after the recor			
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S	ignature of a member or authorize	ed representative of a member	······································

Page 3 of 3

Filing Fee: \$25.00