

01-14-'16 16:37 FROM-

T-139 P0001/0005 F-225

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MATTHEWS & JONES, LLP
Account Number : I19990000039
Phone : (850) 837-3662
Fax Number : (850) 654-1634

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fhenderson@destinlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIFETIME HERTIAGE, LLC**

| | |
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JAN 15 2016

S. YOUNG

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lifetime Heritage, LLC

Name of 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:

S. Thomas Peavey Hoffer

Name of Person

Matthews & Jones, LLP

Firm/Company

596 N. Perdon Blvd.

Address

Crestview, FL 32536

City/State and Zip Code

thoffer@destinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. Thomas Peavey Hoffer

at (850) 682-6211

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

FILED
16 JAN 14 AM 10:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H160000120953

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lifetime Heritage, 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 were filed on 9/04/2015 and assigned
Florida document number L15000148257.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
JAN 14 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|---------------------------------|--|
| Manager | S. Thomas Peavey Hoffer | 596 N. Ferdon Blvd. | <input checked="" type="checkbox"/> Add |
| | | Crestview, FL 32539 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| Manager | Annastasia M. Stewart | 174 Watercolor Way Ste 103 #147 | <input type="checkbox"/> Add |
| | | Santa Rosa Beach, FL 32459 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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16 JAN 14 AM
SECRETARY OF STATE
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Dated January 14, 2016

Signature of _____

Signature of a member or authorized representative of a member

S. Thomas Peavey Hoffer

Typed or printed name of signee

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