Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Coven Sheet

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Division of Corporations

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From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## **REALIFE FLORIDA 15 LLC**

Certificate of Status	0
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S. WARREN

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REALIFE FLORIDA 15 LLC			
(Name of the Limited	Liability Company as it now appears on a Florida Limited Liability Company)	pr records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on 01/11/20	216 and assigned	
Florida document number L16000007093		•	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designs	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Malling address MAY BE A POST OFFICE BE	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	est address	
	, Florida		
	City	Zip Code	
New Registored Agent's Signature, if changing Res			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete performance of my di red agent as provided for in Chapt sistered office address, I hereby con	ities, and I am familiar with and er 605, F.S. Or, if this document is	
	If Changing Registered Agent, 8	Phature of New Residered Agent	
	Page 1 of 3	LED  3 PH 4  NY OF SI SEE, FLI	

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

Title	Name	Address	Type of Action
AMBR	REALIFE MANAGEMENT GROUP LLC	6950 PHILIPS WY, STE 27	
		JACKSONVILLE, FL 32216	■ Remove
			□ Change
AMBR	YKRL HLD LLC	5655 NORTH PARK RD.	
		FORT LAUDERDALE, FL 33312	☐ Remove
			Change
AMBR	IBÇS LLC	5655 NORTH PARK RD.	B Add
		FORT LAUDERDALE, FL 33312	ORT LAUDERDALE, FL 33312
			Change
		12°V /	Add
			□ Remove
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	Page 2 0	13	∑> ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '

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SEPTEMBER 7				
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YARON KAND				17 SEP 13 P SECRETARY OF FALL AHASSEE,
YARON KAND		Typed or printed name of algner		17 SEP 13 PN 4: 13 SECRETARY OF STATE FALL AHASSEE, FLORIDA