L16000039936

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COVER LETTER

	Registration S Division of Co			
SUBJEC	Aubio Lif			
			mited Liability Company	
The enclo	sed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please ret	turn all corresp	ondence concerning this matte	r to the following:	
		Jason O. Pritchett		
		- · · · · · · · · · · · · · · · · · · ·	Name of Person	
		The Pritchett Law Firm, I	PLI.C	
			Firm/Company	
		8753 East Bell Road, Suit	te 110	
			Address	
		Scottsdale, Arizona 85260)	
		Jason@thepritchettlawfirm	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furthe	r information c	oncerning this matter, please o	all:	
Jason Prit	chett		480 382-6556	
Name of Person			at ()	Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$ 25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cartificate 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

2017 SFP.

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Aubio Life, LLC			COTOS.) ASSET FLORING		
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our re ability Company)	cords.)		
The Articles of Organization for this Limited I Florida document number 1.16000038936	_iability Company	were filed on	and assigned		
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabii	ity Company," the designation	"L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	900 SW 11th Street Unit	I		
(Principal office address MUST BE A STREET ADDRESS)		Hallendale Beach, Florida 33009			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	Same as above			
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the nev		
Name of New Registered Agent:	Dave Shafer				
New Registered Office Address:	900 SW 11th St	reet Unit I			
		Enter Florida street aa	idress		
	Hallendale Beac	ch	. Florida 33009		
		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
MGR	Scott Woolley	1289 CLINT MOORE ROAD	
		BOCA RATON, FL 33487	■ Remove
			Change
MGR	Rachel Wagner		. ■ Add
			□ Remove
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			Change PR 2: 20 Add On Remove
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ffective date, if other than the	date of filing:		_	(optiona	1)
an effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cann	ot be prior to date	of filing or more than	90 days after filir	ig.) Pursuant to 605.020
ocument's effective date on the D	epartment of State'	s records.	, _ ,	,	
e record specifies a delayed The 90th day after the rec	1 effective date, ord is filed.	but not an e	effective time, a	at 12:01 a.m	. on the earlier o
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