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## **COVER LETTER**

SUBJECT:	Life Awaits Accupuncture, LLC  Name of Limited Liability Company
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Keiko Dodson
	Name of Person
	Life Awaits Acapaneture LLC
	Firm/Company
	7924 Meadow Rush Loop
	7924 Meadow Rush Loop Address Sarasota, FL 34238
	Sarasota, FL 34238
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
<u> </u>	at (941) 320 - 7499 Area Code Daytime Telephone Number
И	ine of reison Area Code Daytine reiephone Number
Enclosed is a check	for the following amount:
<b>⊠</b> \$25.00 Filing F	ce \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee, }\Bigcup \$Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certifie

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 An	vaits Accopunct	ure, LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears of imited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Cor Florida document numberLI6 0000 9059 S		5/9/16	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite  Life Awaits  The new name must be distinguishable and contain the words "Limited  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRE)	Acupuncture, L d Liability Company," the desig		previation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		>>	5 5 C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	red office address on or s <u>s here</u> :	ur records, enter	the name of the new
Name of New Registered Agent:	_		
New Registered Office Address:	Enter Florida	street address	
<del></del>	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

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00