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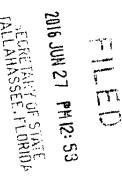
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K.SALY EXAMINER JUN 28

COVER LETTER

TO:		stration Sec ilon of Corp					
OUD YEA		Life Rewritte	en LLC				
Name of Limited Liability Company							
The enci	losed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please re	eturn a	all correspon	dence concerning this matter	to the following:			
			Tabitha High				
				Name of Person			
			Life Rewritten LLC				
			"	Firm/Company			
			902 Denery Lane				
				Address	 		
			Delray Beach, FL 33483				
				City/State and Zip Code			
			life.rewritten.llc@gmail.com		, <u></u>		
			E-mail address: (t	o be used for future annual report not	itication)		
For furth	her inf	ormation cor	ncerning this matter, please ca	111:			
Taitha F	High	-		410 814-9528 at ()			
		Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed	d is a	check for the	following amount:				
□ \$25	oo Fil	ing Fee	Certificate of Status	☐ \$55,00 Filing Fee. &. Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		

TO:

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

2016 JUN 27 PM 12:53

TALLAHASSEE FLORIDA

(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 May 09, 2016 and assigned Florida document number L16000090766 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) 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 . Florida

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.

City

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>	Name	Address	Type of Action
MGR	Tabitha High	902 Denery Lane, Delray Beach, Fl	
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(If an effo <u>Note:</u> I	re date, if other than the active date is listed, the date must f the date inserted in this blo nt's effective date on the Deput	be specific and cannot be prior to date on the does not meet the applicable sta	(option of filing or more than 90 days after fitutory filing requirements, this d	ling.) Pursuant to 605.0207 (3)(b)
f the reco	ord specifies a delayed 90th day after the reco	effective date, but not an e rd is filed.	ffective time, at 12:01 a.r	n. on the earlier of:
Dated _	une 24	2016		
_	(_)2			
		signature of a member or authorized re	presentative of a member	

Page 3 of 3

Filing Fee: \$25.00