

L16000100919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

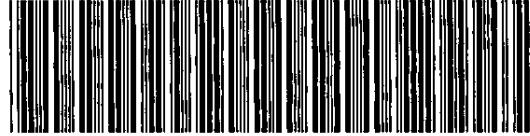
(Business Entity Name)

(Document Number)

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16 JUL 20 AM 9:59
CLERK OF COURT
TALLAHASSEE, FLORIDA

JUL 22 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Xtra Life Supplements 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:

Deanna M. Del Rios

Name of Person

Xtra Life Supplements LLC.

Firm/Company

4804 Lake Shore Dr.

Address

St. Cloud, Fl. 34772

City/State and Zip Code

xtralifesupplements@gmail.com

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

For further information concerning this matter, please call:

Sonya Velez

407 443-7681
at ()

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

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

Xtra Life Supplements 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 05/24/2016 and assigned
Florida document number L16000100919.

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:

4804 Lake Shore Dr. Saint Cloud, Florida 34772

(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:

Deanna M. Del Rio

New Registered Office Address:

4804 Lake Shore Dr. Saint Cloud, Fl

Enter Florida street address

Saint Cloud

Florida

34772

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Diego Agreda	2964 Clipper Cove LN. 101	<input type="checkbox"/> Add
		Kissimmee, Fl. 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Deanna m. Del Rios	4804 Lake Shore Dr.	<input checked="" type="checkbox"/> Add
		St. Cloud, Fl. 34772	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 JUL 20 10 00 AM
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 DEPARTMENT OF STATE
 PALM SPRING, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

16 JUL 20 AM 10
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

16 JUL 20 AM 10:00
 DEPT OF STATE
 WASHINGTON, D.C.

E. Effective date, if other than the date of filing: 7/18/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 18, 2016

Deana Dellios

Signature of a member or authorized representative of a member

Deanna M. Del Rios

Typed or printed name of signee