Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIFESTYLE TINTS, LLC

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Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Se Division of Cor				
cant	LIFESTY	LE TINTS, LLC			
Name of Limited Liability Company					
The end	dosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please i	etum all correspo	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, inc.			
	Firm/Company				
		101 N. Brand Blvd., 11t	h Floor		
	Address				
	Glendale, CA 91203				
	City/State and Zip Code				
	ejh2020@msn.com				
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Cheye	nne Moseley		800 773-0888 es	kt. 9724	
	Name of	Person	at ()	Telephone Number	
Enclose	d is a check for th	e 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 Fiting 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 Tallahussee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFESTYLE HNTS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000105023}{1.16000105023}$	were filed on 05/31/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Prop.
(Principal office address MUST BE A STREET ADDRESS)		7 5- 10
		55.8
		SS: 20
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		7 P
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	Lam familiar with and S. Or, if this document is
if Clun	ging Registered Agent, Signature of	New Registered Agent

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MGR= Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
AMBR	WILLIAMS, WARREN	2323 CURLEW ROAD 7A	
		DUNEDIN, FL 34698	☑ Kemove
AMBR	BAXTER, KENNETH	924 LINN HARBOR CT.	Add
		TARPON SPRINGS, FL 34689	<u>Ø</u> Removc
			Add
			☐ Remove
			Remove
<u> </u>			□ Add
			☐ Remove
			F. P

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
ر شهر در این از در این از در این	
E. Effective date, if other than the date of filing: (The effective date must be specific, earned be prior to date of receips or flict	(optional)
the date this document is filled by the Flarida Department of State)	
Dated: 12/13/ , 2017	
Edied Hun 1	
Signature of a dromber or authorize	
EDWARD HU	JGGETT, JR.
Typed or printed	name of signee

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Filing Fee: \$25.00

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