

L16000114312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

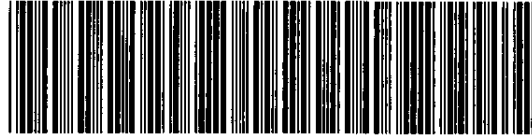
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/13/16--01024--005 **25.00

SECONDARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG -4 PM 2:22

FILED

K. SALY
EXAMINER

AUG 5 -



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2016

THE DEFENSE GROUP
HAROLD UHRIG
533 VERSAILLES DR, STE. 200
MAITLAND, FL 32751

SUBJECT: LIFE DEVICES, LLC
Ref. Number: L16000114312

2016 AUG -4 AM 11:49
TALLAHASSEE, FLORIDA

We have received your document for LIFE DEVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 416A00014755

404 N. Sinclair Avenue

Tavares, FL 32778

342-742-9090

342-742-9292

The Defense Group

A Criminal Defense Law Firm

Hal Uhrig, Esq.

Peter Zies, Esq.

533 Versailles Drive., Suite 200

Maitland, FL 32751

407-831-1956

407-831-2744

August 1, 2016

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Life Devices, LLC
L16000114312

Dear Sir or Madam:

Attached please find the signed document you requested on July 14, 2016 for filing. Please advise how we can apply for a sub-chapter S. Please electronical mail your response at rtufts@defensegroup.com or contact us at (407) 831-1956.

Thank you for your help.

Sincerely,



Rory Tufts

Legal Assistant to Hal Uhrig, Esquire

COVER LETTER:

TO: Registration Section
Division of Corporations

SUBJECT: Life Devices, 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:

Harold Uhrig
Name of Person

The Defense Group
Firm/Company

533 Versailles Drive, Suite 200
Address

Maitland FL 32751
City/State and Zip Code

huhrig@defensegroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rory Tufts at (407) 831-1956
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Life Devices, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/14/16 and assigned
Florida document number L16000114312.

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:

Harold Uhrig

New Registered Office Address:

370 Lake Seminary Circle

Enter Florida street address

Maitland

City

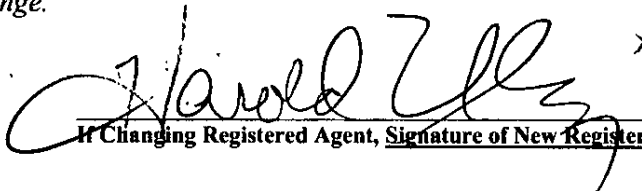
Florida

32751

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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.

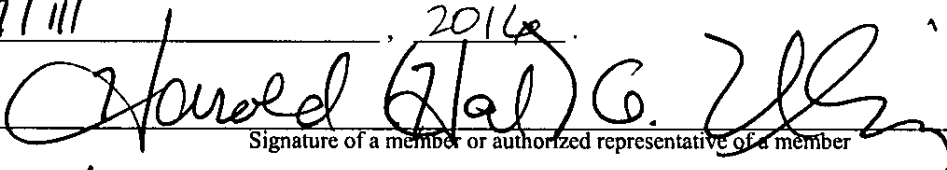
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated

7/11/

2016



Signature of a member or authorized representative of a member

HAROLD G. HARIG

Typed or printed name of signee