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| Certified Copies            | Certificates    | s of Status |
| Special Instructions to Fil | ling Officer:   |             |
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# SANDY ALAN LEVITT, P.A.

Attorney at Law 2201 Ringling Boulevard, Suite 203 Sarasota, Florida 34237 SALevitt.PA@verizon.net

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Telephone (941) 955-9993

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(941) 954-0281 Facsimile

September 4, 2018

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: LIFEXL, LLC

Dear Sir or Madam

The enclosed Articles of Amendment are submitted for filing. Enclosed also is my check in the amount of \$25.00 to pay the applicable filing fee. Please return all correspondence regarding this matter to me at the above address.

Thank you for your attention to this mater. Please contact me should you have any questions.

Very truly volurs <sup>C</sup>Sandy Levitt

SAL:bc

Enclosure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### LIFEXL, 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 June 14, 2016 and assigned Florida document number L160001114820

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)

|                       | [7]                   |
|-----------------------|-----------------------|
|                       | 81<br>32              |
|                       | SEP IOX               |
| 5602 Marquesas Circle |                       |
| Suite 107             |                       |
| Sarasota, FL 34233    | <u>ភ</u> ភ្ល <u>ី</u> |
|                       | 110<br>110            |

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:  | VLADINIR CAKARESKI               | <u></u>        |
|--------------------------------|----------------------------------|----------------|
| New Registered Office Address: | <u>    5202 Marquesas Circle</u> | Suite 107      |
|                                | Enter Florida s                  | ireet address  |
|                                | Sarasota                         | , Florida34233 |
|                                | Cuy                              | 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

Page 1 of 3

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

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AMBR = Authorized Member

| <u>Title</u> | Name               | Address               | Type of Action |
|--------------|--------------------|-----------------------|----------------|
| AMBR         |                    | 5166 FAR OAK CIRCLE   | 🛛 Add          |
|              |                    | SARASOTA, FL 34238    | 📄 🗐 Remove     |
|              |                    |                       | Change         |
| AMBR         | VLADIMIR CAKARESKI | 5602 MARQUESAS CIRCLE | <b>B</b> Add   |
|              |                    | SUITE 107             | Remove         |
|              |                    | SARASOTA, FL 34233    | Change         |
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· , D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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.

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| AUGUST 31          | 2018  |
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|                    |   |
| Signat             | nature of a member or authorized representative of a member |
| VLADIMIR CAKARESKI |   |
| ·····              | Typed or printed name of signee                             |

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Filing Fee: \$25.00