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01/02/18--01021--011 **25.00





Lite N' Life, LLC Mr. & Mrs Arthur DeMello 12524 93 Court Road Summerfield, Fl 34491 352-307-2522

TALLAHASSEE, FLORIDA

Mr. Dionne M. Pijeaux Regulatory Specialist Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314



Re Letter Number 518A00000232

Dear Dept. of Corp.,

Enclosed is the document of change of name of our LLC corporation that was filed incorrectly for the year 2017. We filed it under our web address name by mistake. That is why I submitted Articles of Amendment to the State of Florida. Department of Corporations as directed by phone from your department. We paid the 25.00 needed to file this name change to correct our error made in 2017. Our annual report was filed and our annual report for 2018 has been paid to our Agent. We await direction from InCorp. To make sure everything is in order for 2018.

Please file our name change request. If you have any difficulty with our paperwork. Please contact us and we will correct it. Our phone number is 352-307-2522. We thank you for working with us through this mistake that was made in 2017.

Yours truly,

Mrs Michelle DeMello/ Owner

Ce File

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	Dany as (now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 416000 1855	
This amendment is submitted to amend the following:	T D D
A. If amending name, enter the new name of the limited lial Life new some must be distinguishable and contain the words "Limited Liab	LC RES
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Michelle e Arthur Dekledle 18524 SE 93 COURT RO Summere; Eld, Fl 34491
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ja524 SE 93 Court Rd Summer Field, F134431
B. If amending the registered agent and/or registered orgistered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent: New Registered Office Address:	18ian of Corporations Bax 6327 Enter Florida street address
TALLA	h ASSEE , Florida S2314 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 th: 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 = Mar AMBR = Aut	nager thorized Member	NO Changes	
<u>Title</u>	Name	Address	Type of Action
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. If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effectiv	re date, if other than the date of filing: $\frac{13/38/9017}{}$ (optional)
Note:	etive 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) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The	90th day after the record is filed.
Dated	3/38 3018
2,	01 01:00 0.21 18
	Missignature of atmember or authorized representative of a member
	_
	Michelle Number 110. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00