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COVER LETTER

TO:	Registration Se Division of Cor			
	Hau'oli Life	e LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Peter A. Mason		
			Name of Person	
		Hau'oli Life LLC		
			Firm/Company	
		2261 Kent Dr.		
			Address	
		Largo, Fl 33774		
		Hauolilife.com@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	all:	
Peter	Mason		561 789-9730 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
⊠ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fec & 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

Hau'oli Life LLC		
(<mark>Name of the Limited Liability Con</mark> (Λ Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	whilety Communey " the designation "I I C" or the	abbrariation "L. I. C. "
-	atomicy Company, the designation letter of the	s addreviation 15.12.C.
Enter new principal offices address, if applicable:		7 55
<u> Principal office address MUST BE A STREET ADDRESS)</u>		
		7128 11
Enter new mailing address, if applicable:		1 250
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		Co (2)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	· —	<u>ထ</u>
agent and of the new registered office audiess in	<u></u> ,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Type of Action
MGR	Peter A. Mason	2261Kent Dr.	_ Add
	-	Largo, FL 33774	Add
		Eargo, 11, 33774	Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
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Filing Fee: \$25.00