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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(BL	usiness Entity Nar	ne)
(Do	ocument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		





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SECRETARY OF STATE
ASSECRETARY OF STATE

K. SALY APR 21 2017

COVER LETTER

TO:	Registration Se Division of Cor		- Maga	
SUBJ	ECT:	re Life Hea	1th Source	
		Name of Lim	ited Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Alan	Fasina Name of Person	
		One L	ife Health S Firm/Company	Pourl
		500 Wex	Palm Ln.	
		_	Address	
		Ch.	uluota, Fi 32	766
		E-mail address: (1	City/State and Zip Code City/State and Zip Code	s COM
For fu	rther information co	oncerning this matter, please ca	ali:	
	Alon Far	ina	at (407) (603 - Area Code Daytime	5721 Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

ARTICL	ES OF ORGANIZATION	
	OF	2017
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		LUITAPRIO
()re Lit	e Health Source	SECRETARY OF STATE OF
	ability Company as it now appears on our recorda Limited Liability Company)	ords LAHASST OF ST
(SEE, FLORIE
The Articles of Organization for this Limited Liabili	ty Company were filed on	9/17 and assigned
Florida document number <u>LIT000044</u>	530	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
state of the	minea naomey company nere.	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
<u>(Principal office address MUST BE A STREET Al</u>	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	
	-	
B. If amending the registered agent and/or r	egistered office address on our reco	ords, enter the name of the new
registered agent and/or the new registered office		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street ad	dress
		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 = M $AMBR = A$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Farina	398 Lake Mills Ave	□ Add
		398 Lake Mills Ave Chulvota, Fi 32766	Remove
			Change
MGR	Alan Farina	500 Wax Palm Ln.	ī √ Add
		Chilusta, FI 3274	□ Remove
			☐ Change
		A C	
		LAHASSE	Cannge
			SEA ACC
			□ Remove
			Change
			Add
			C Remove
			☐ Change
			🗖 Add
			Remove
			Change

	
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	F.S. I.
	RIPE
(If an effective Note: If the	date, if other than the date of filing:
the record b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	April 14, 2017.
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00