

L17000075995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

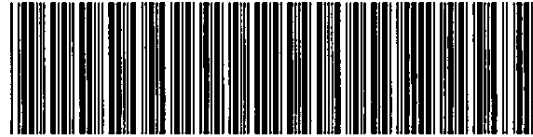
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400298805524

05/08/17--01015--000 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2017 MAY -8 PM 3:24

FILED

MAY 09 2017  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Remarkable Life Products, 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:

Kathie Ferrary

\_\_\_\_\_  
Name of Person

Livingston Loeffler, P.A.

\_\_\_\_\_  
Firm/Company

963 Trail Terrace Drive

\_\_\_\_\_  
Address

Naples, FL 34103

\_\_\_\_\_  
City/State and Zip Code

ip@lliplaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathie Ferrary

239

262-8502

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

# LIVINGSTON LOEFFLER

ATTORNEYS AT LAW

PATENT ♦ TRADEMARK ♦ COPYRIGHT ♦ FRANCHISE  
Procurement & Litigation

Edward M. Livingston\*†  
Erica L. Loeffler  
Bryan L. Loeffler\*†

963 Trail Terrace Drive  
Naples, FL 34103

Telephone: 239-262-8502  
Facsimile: 239-261-3773  
Toll Free: 800-548-4332  
Email: [ip@lliplaw.com](mailto:ip@lliplaw.com)

WE PROTECT YOUR CREATIVITY®

\*Registered U.S. Patent Attorney  
†Board Certified in Intellectual Property Law

[www.lliplaw.com](http://www.lliplaw.com)

May 3, 2017

## SENT VIA FIRST CLASS MAIL

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

Re: Change Request for Remarkable Life Products, LLC  
Florida Document No. L17000075995  
Our File No. 17-9234

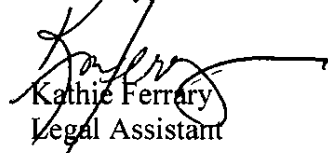
Dear Sir or Madam:

Enclosed with our check in the amount of \$25.00 are the forms required to affect the resignation and/or change of the Authorized Member/President for the above referenced limited liability company. I was unsure which form to use and for the purpose of expediting this request, I completed two forms, both of which seemed to fit the need. Please process whichever form is appropriate and you can discard the other.

If you have any questions or need additional information, please do not hesitate to contact me directly.

Thank you for your assistance with this matter.

Sincerely,

  
Kathie Ferrary  
Legal Assistant

/kmf

Enclosures: Dissociation or Resignation of Member form (completed)  
Articles of Amendment to Articles of Organization form (completed)  
Check #12057

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Remarkable Life Products, 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 April 4, 2017 and assigned  
Florida document number L17000075995.

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)

**FILED**  
2017 MAY -8 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:

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>	<u>Type of Action</u>
AMBR / <u>PRESIDENT</u>	Edward M. Livingston	Livingston Loeffler, P.A.	<input type="checkbox"/> Add
		963 Trail Terrace Drive	<input checked="" type="checkbox"/> Remove
		Naples, FL 34103	<input type="checkbox"/> Change
AMBR / <u>PRESIDENT</u>	Adam A. Zuber, MD	7781 Knightwing Circle	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33912-7331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2017 MAY - 8 PM 5:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

[illegible]

**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.

Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2017 MAY -8 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA