# 117000160337

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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

	e Real Estate, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The analogue Articles of	Amendment and fee(s) are sub	mittad for filing		
		-		
Please return all correspo	indence concerning this matter	to the following:		
	Timothy J. Caudill			
	<u> </u>	Name of Person		
	Florida Life Real Estate, I	LC .		
		Firm/Company		
	223 N Causeway			
		Address		2 -
	New Smyrna Beach, FL 3.	2169		N. N.
		City/State and Zip Code		6- 039 3
	tim@floridaliferealestate.co			<u>ر</u> و و
	E-mail address: (	to be used for future annual report notifi	cation)	<b>₽</b>
For further information e	oncerning this matter, please e	att:		AH 4: 20
Timothy J. Caudill		321 863-6829		20
Name o	t Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 State Certified Copy (additional copy (senc	
Mailing Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	orations	
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2022

TIMOTHY J CAUDILL 223 N CAUSEWAY NEW SMYRNA BEACH, FL 32169

SUBJECT: FLORIDA LIFE REAL ESTATE, LLC

Ref. Number: L17000160337

We have received your document for FLORIDA LIFE REAL ESTATE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 122A00025616

22 DEC -9 AM 1. 20

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Life Real Estate, LLC					
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as it now appears ( nability Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document number 1.17000160337		were filed on 7/27/	2017	_ and assigned	d
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabi	lity company here	::		
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the desi	gnation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:		Timothy J. Caudill			
(Principal office address MUST BE A STREE	223 N Causeway				
		New Smyrna Beac	th, FL 32169		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a		ddress on our reco	ands enter the name of	22 DEC -9 AH	···:
agent and/or the new registered office addres	s here:		or distribution of	4: 20	E ::
Name of New Registered Agent:	Timothy J. Cand	Jill (CHANGING)	FROM TIMOTHY L. CA	UDILL)	
New Registered Office Address:	223 N Causewa	<u> </u>			
		Enter Florida	street address		
	New Smyrna Be		Florida _321669	9	
		City	<del></del>	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>	Name	<u>Address</u>	Type of Action
MGR	Timothy J. Caudill	223 N Causeway, New Smyrna Beach, FL 32169	□AdJ
			□Remove
			<b>=</b> Change
	<u> </u>		□Add
			□Remove
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<del></del>			730 <b>%</b> 0.20
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			□Remove
			□(Chanoe

	My wifes middle initial and title manage is Sarah L. Caudill	
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	ASAP ASAP	
មា ៤មិ	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar	it to 605.02
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.	be listed:
	· · · · · · · · · · · · · · · · · · ·	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th d	ay after th
is fil	ed.	
ated	7/28/22	
ucu	· <u> </u>	

Filing Fee: \$25.00

Typed or printed name of signee