

11/13/2018 03:46 AM

TO: 18506178483 FROM: 5612934213

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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From:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TO LIFE COMPANY 18, LLC

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TALLAHASSEE, FLORIDA

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T. CLINE

NOV 14 2018

EXAMINER

2018 NOV 13 AM 9:12

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TO LIFE COMPANY 18, 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:

GISELE SOUZA

Name of Person

ACCOUNT BOOKKEEPING CORP

Firm/Company

5301 CONROY ROAD SUITE 140

Address

ORLANDO FL 32211

City/State and Zip Code

INFO@ABKCORP.COM

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

For further information concerning this matter, please call:

GISELE SOUZA

407

898-1757

at ()

Name of Person

Area Code

Daytime Telephone Number

CLERK OF COURT
TALLAHASSEE, FLORIDA

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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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TO LIFE COMPANY 18, 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 10/19/2017 and assigned
Florida document number L17000218906.

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)

3743 OAK RIDGE CIR

WESTON, FL 33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3743 OAK RIDGE CIR

WESTON, FL 33331

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:

GELLER, ALAN

New Registered Office Address:

3743 OAK RIDGE CIR

Enter Florida street address

WESTON

City

Florida 33331

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

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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>
MGR	GELLER, ALAN	3743 OAK RIDGE CIR WESTON, FL 33331	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KALLMAN-GELLER, ANNA M	3743 OAK RIDGE CIR WESTON, FL 33331	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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M TO: 18506176383 FROM: AS80W525+863

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ALLSCE.T.ORD.

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...

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 9 2018

Signature of a member or authorized representative of a member

ALAN GELLER

Typed or printed name of signee

4380003257863