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COVER LETTER

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

SUBJECT: HEM	10 LIFE-L	INE, LLC.	
300,000	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	FEL	Name of Person	
		Name of Person	
	HEMO L	FE LINE LL	<u> </u>
	3109 N	W 133rd ST	
		Midress	
	OPA LOC	City/State and Zip Code Ine O gmail. com o be used for Guire annual report notifi	3054.
	1. 1.	City/State and Zip Code	
	NEMOLIFEL E-mail address: (1	o be used for the annual report notifi	ication)
For further information con	cerning this matter, please ca	H:	
TELIX A.	4DIZCIA Person	at (-444-6224 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)

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

HEMO UFE L (Name of the Limited Liability (A Florida)	Company as it now appears on imited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1700023069</u>	mpany were filed on	/07/2017	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abb	reviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>		18	
			MH I	. <u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2	1
			9: 9: 0	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		r records, <u>enter t</u>	the name o	f the ne
Name of New Registered Agent:				
New Registered Office Address:	_			
	Enter Florida s			
	City	, Florida	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	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	RALPH I. SABIN	272 DARLINGTON	Daive Madd
		CRIMDO, FLORID	4.32837 Remove
			Change
			Add
		<u></u>	Remove
			Change
			Add
			□ Remove
		<u></u>	Change
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			Change

). If ame	nding any other information; enter change(s) here: (Anach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: 0/09/2019 (optional) extive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ent's effective date on the Department of State's records.
f the red b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	01/09/2017
	Signature of a member authorized representative of a member
	FELIX A. GABIZCIA

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Filing Fee: \$25.00