

L17000 261 280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

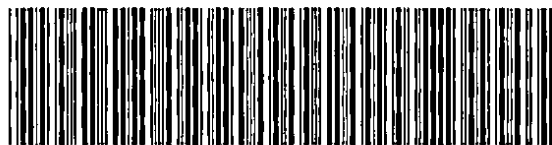
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800321599098

12/14/18--01025--012 ***55.00



FILED
2019 JAN 24 AM 9:44
CLERK OF SUPERIOR COURT
ALL APPEARANCES
JAN 24 2019

D. BRUCE
JAN 24 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2019

DANIEL BOSSE DE CASTRO
3362 ROBERT TRENT JONES DR. APT 408
ORLANDO, FL 32835

SUBJECT: LIFE INSTITUTE HUNTER'S CREEK LLC
Ref. Number: L17000261280

We have received your document for LIFE INSTITUTE HUNTER'S CREEK LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 619A00000244

2019 JAN 24 AM 9:44
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: LIFE INSTITUTE HUNTER'S CREEK 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:

DANIEL BOSSE DE CASTRO

Name of Person

Firm/Company

3362 ROBERT TRENT JONES DR. APT 408

Address

ORLANDO, FLORIDA - 32835

City/State and Zip Code

daniel@lifeusaorlando.com

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

For further information concerning this matter, please call:

Daniel de Castro

407

624-6245

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

RECEIVED
TALLAHASSEE, FLORIDA
JAN 24 2019

2019 JAN 24 AM 9:44

FILED

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

LIFE INSTITUTE HUNTER'S CREEK 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 12/26/2017 and assigned
Florida document number L17000261280.

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:

12200 MENTA ST. STE 109/110, ORLANDO, FLORIDA

(Principal office address MUST BE A STREET ADDRESS)

32837

Enter new mailing address, if applicable:

12200 MENTA ST. STE 109/110, ORLANDO, FLORIDA

(Mailing address MAY BE A POST OFFICE BOX)

32837

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	CPME HOLDING LLC	13224 HEATHER MOSS DRIVE #1210 ORLANDO, FL 32837	<input type="checkbox"/> Add
			<input checked="" 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
JAN 24 4 24 PM '19
CLERK OF DISTRICT COURT
JAN 24 4 24 PM '19

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

2019 JAN 24 AM 9:44
DEPARTMENT OF STATE
FALLS CHURCH, VIRGINIA

FILED

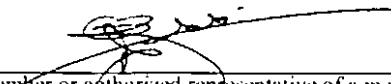
E. Effective date, if other than the date of filing: _____ (optional)

(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 DECEMBER 11th 2018



Signature of a member or authorized representative of a member

DANIEL BOSSE DE CASTRO

Typed or printed name of signee