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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		loldings LLC		
SUBJEC	· F :	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	to the following:	
		Jean Jacinthe		
		Firm Life Holdings LLC	Name of Person	<del> </del>
			Firm/Company	
		3280 Tamiami Trl Ste 55A	, mile company	
			Address	
		Port Charlotte, Florida 3395	52	
		j_jacinthe@yahoo.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	dl:	
Jean Ja	cinthe		941 815-8245	
<del>-</del>	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>\$</b> 25.0	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)
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Firm Life Holdings L.L.C.			. <u></u>		
(Name of the Limited Lia (A Flo	ability Company as orida Limited Liabili	it now appears on o ly Company)	ur records.)		
The Articles of Organization for this Limited Liabilit Florida document number L18000009611	ty Company were	filed on 1/10/20	18	and ass	igned
This amendment is submitted to amend the following	Z:				
A. If amending name, enter the new name of the	limited liability o	company here:			
The new name must be distinguishable and contain the words "	Limited Liability Co	mpany," the designa	tion "LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:		<del>.</del>		~ ~	
(Principal office address MUST BE A STREET AL	<u>DDRESS)</u>	<del></del>		19\$6	النشي
		-	<u> </u>	<del>ان :</del>	There's
en a strange at a transition			ASSE	- <del>-</del>	**
Enter new mailing address, if applicable:		···			-2
(Mailing address MAY BE A POST OFFICE BOX				- <del>1</del> 2	النعاد ا
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B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent:		address on our	records, enter t	he name	of the n
New Registered Office Address:					
		Enter Florida str	eet address		
			, Florida		
_	(	City		Zip Code	
New Registered Agent's Signature, if changing Regist	tered 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 add or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address Davalas Blud	Type of Action
MGR	Fernande Jacinthe	7421 Oouglas Blud STEN#264 DOUGLASVILLE, GA 30135	□ Add
		DOUGLASVILLE, GA 30135	
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ffective date, if other than the an effective date is listed, the date in this ocument's effective date on the	block does not meet the app	licable statutory filing.	(optional) e than 90 days after filing requirements, this date	.) Pursuant to 605.020
e record specifies a delay The 90th day after the r		not an effective tir	ne, at 12:01 a.m.	on the earlier
<b>8/30/</b> ated	. 2019	·		
Jean (	acinthe Signature of a member or au			
	Z Signature of a member or au	thorized representative o	f a member	
0 0		•		

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Filing Fee: \$25.00