Division of Corporations Electronic Filing Cover Sheet

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(((H180001991463)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

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: (323) 962-8600

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8

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AR LIFE LLC

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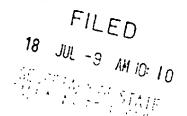
Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:		istration Sec slon of Corp			
C110.10	~	AR LIFE L	LC		
SUBJE	CT:		Name of Limi	ted Liability Company	
The enc	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter (to the following:	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com, Inc.		
				Firm/Company	· - · · · · · · · · · · · · · · · · · ·
ı			101 N. Brand Blvd., 11t	h Floor	
				Address	
			Glendale, CA 91203		
				City/State and Zip Code	
			djnsn6@gmail.com	to be used for future annual report noti	lication)
Eas Aus	than is	formation o	oncerning this matter, please of		
			oncerning this matter, preuse of	800 773-0888 c	0724
Cheyenne Moseley			e Telephone Number		
		Name of	f Person	Area Code Dayum	ie relepitore Number
Enclose	ed is a	check for th	ne following amount:		
525	5.00 F	iling 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/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AR LIFE LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now annears un our r Liability Company)	scords')
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000142146</u>	y were filed on 06/08/2018	and assigned
This amendment is submitted to amend the following:	need the following: new name of the limited liability company here: d end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ess, if applicable: EASTREET ADDRESS) plicable: TOFFICE BOX) agent and/or registered office address on our records, enter the name of the new registered office address here:	
A. If amending name, enter the new name of the limited lia		
The new name must be distinguishable and end with the words "Limited Liz	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX)	office address on our re	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	gree to act in this capacity te performance of my dut s provided for in Chapter	ies, and I am famillar with and 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	JOHNSON, DANNIELLE	7404 SW 102ND TERRACE	D Add
		GAINESVILLE, FL 32608	Ø Remove
AMBR	Johnson, Danielle	7404 SW 102ND TERRACE	5 Ø Add
		GAINESVILLE, FL 32608	
			Remove O
			□ Remove
			Add
			□ Remove
			Add
			Remove
			

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<u> </u>		-
Effective date, if other	r than the date of filing: (optional) pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after	
the date this document is file	led by the Florida Department of State)	
Dated UNNE	27. <u>2018</u> .	
	\mathcal{M}	
	Signature of a member or authorized representative of a member	_
	Danielle Johnson	
	Danielle Johnson	

Page 3 of 3

Filing Fee: \$25.00

850-617-6381

7/3/2018 1:37:07 PM PAGE 1/001 Fax Server



July 3, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

AR LIFE LLC 7404 SW 102ND TERRACE GAINESVILLE, FL 32608US

SUBJECT: AR LIFE LLC REF: L18000142146

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please submit a correct cover sheet.

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

Brittany M Figueroa FAX
Regulatory Specialist II Let
Registration/Qualification Section

FAX Aud. #: H18000194511 Letter Number: 418A00013757

