L18000176741

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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Sec Division of Corp			
enn n	ZOEYLIFE			
SUBJI	ECT:		ted Liability Company	B. d. B. (80-1-74V
The en	closed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		JAYSON G TATMAN		
			Name of Person	
		ZOEYLIFE LLC		
			Firm/Company	
		284 ALMERIA ST.		
			Address	
		THE VILLAGES, FL 321	62	
			City/State and Zip Code	
		JAYTATMAN@GMAIL.CO		
For fur	ther information co	E-mail address: (t ncerning this matter, please ca	o be used for future annual report	notification)
		neething this matter, prease ea		
JAYS	ON G TATMAN		352 210-760	
	Name of	Person	Area Code Da	ytime Telephone Number
Enclos	ed is a check for the	e following amount:	. AT .	
N 22	5 <u>00 Filing</u> 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOEYLIFÉ LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L18000176741	npany were filed on JULY 23, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or t	no abbreviation "L.L.C."
Enter new principal offices address, if applicable:		題声型
(Principal office address MUST BE A STREET ADDRE.	SS)	26 ED
Enter new mailing address, if applicable:	<u> </u>	F. 00
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	4
	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>	Address	Type of Action
AMBR	DARLA TATMAN	284 ALMERIA ST. THE VILLAGES, FL 32/62	■ Add
			Remove
			Change
AMBR	JAYSON G TATMAN	284 ALMERIA ST. 7HE VILLAGES FL 32162	= Add
			Remove
			☐ Change
			FALE JUL 26
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		O ROOM	Remode
			🗆 Add
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	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	his block does not meet the applicable statutory filing requirements, this date will not be listed a the Department of State's records.
	·
If the record specifies a del	layed effective date, but not an effective time, at 12:01 a.m. on the earlier
(b) The 90th day after the	e record is filed.
JULY 24	2018
Dated	
_ \ .	is ch late
(\MI	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00