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T. CLINE
SEP 10 2018
EXAMINER

COVER LETTER

TO:	Registration Division of C			
CHIE		FE CRYO, LLC		
SU	SJECT:	Name of Lin	nited Liability Company	
The	enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Plea	ise return all corres	pondence concerning this matter	to the following:	
		ELIZABETH G. BOURL	ОИ	
Name of Person				
		BOURLON & LUCAS LA	AW, PLLC	
			Firm/Company	
		877 Executive Center Dr V	W., Suite 100	
			Address	
		St. Petersburg, Florida 33	702	
		piapia09@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For	further information	n concerning this matter, please c	all:	ي .
ELI	ZABETH G. BOU	IRLON	727 502-9060 at ()	ယ
	Name	e of Person	Area Code Daytir	me Telephone Number
Encl	losed 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURELIFE CRYO, LLC (Name of the Limited Link)	ility Company as it now appears on our records.	•
(A Flori	ility Company as it now appears on our records. da Limited Liability Company)	,
he Articles of Organization for this Limited Liability	Company were filed on 07/30/18	and assigned
lorida document number 118000182096	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
WHOLE LIFE CRYO, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Saton now animal offices address if anniverse.		- 1
Enter new principal offices address, if applicable:		· · · · · · ·
Principal office address MUST BE A STREET ADE	<u></u>	7.5 7.5
		
		, ω
Inter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		· ·
 If amending the registered agent and/or reg egistered agent and/or the new registered office ad 		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
- ····	Enter Florida street address	
	Flor	ida
	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
			Add
			Remove
			Add
			Remove
			Change
			
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ffaati	ve date, if other than the date of filing:	
	ective 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 60:
an eff	If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	will not be list
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Typed or printed name of signee

Filing Fee: \$25.00