## 118000 204014

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
rtified Copies	_ Certificates	of Status
pecial Instructions to	Filing Officer:	
	<u>.</u>	

Office Use Only



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2019 FEB | | PM |: 44

C. GOLDEN FEB 1 6 2019

## **COVER LETTER**

Registration Section Division of Corporations

I Life Life Dine	iled LLC	
Name of Lin	nted Liability Company	
osed Articles of Amendment and fee(s) are sub	-	
turn all correspondence concerning this matter	to the following:	
Jessica	Name of Person	
Life Life	Vingled Firm/Gampany	
108 SW 1	Wilson Corne	CTC.
Greenville	FL 32331 City/State and Zip Code	
imtulla	346 amail.co	*
Y:-maile with ess.	to be used for fulure around report notifi	eation)
ner information concerning this matter, please of	all:	
	at ()	
Name of Person		Telephone Number
I is a check for the following amount:		
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/COURIE Registration Section Division of Corpora Clitton Building 2661 Executive Cen Tallahassee, FL 323	n ntions nter Circle

## TO ARTICLES OF ORGANIZATION **OF**

FILED 2010 000 1 44

Life Life Dingled LLC	2019 FEB 11 PM 1:44
(Name of the Limited Liability Company as it now appears on our records (A liftorida Limited Liability Company)	LLARASSEE, ET
cles of Organization for this Limited Liability Company were filed on August 2	and assigned
tocument number <u>L18060204014</u> .	•
endment is submitted to amend the following:	
mending name, enter the new name of the limited liability company here:	
name, must be distinguishable and contain the word's "Limited Liability Company," the designation "LLC"	
	or the appreviation "L.L.C.
ew principal offices address, if applicable:	
pal office address MUST BE A STREET ADDRESS)	
ew mailing address, if applicable:	
g address MAY BE A POST OFFICE BOX)	
<del></del>	
amending the registered agent and/or registered office address on our records. ed agent and/or the new registered office address here:	, enter the name of the new
Name of New Registered Agent.	
New Registered Office Address:	
Emer Florida street address	
. Flo	rida

gistered Agent's Signature, if changing Regustered Agent:

y accept the appointment as registered a gent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is iled to merely reflect a change in the registered office address. I hereby confirm that the limited liability ny has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

ved	<u>from</u>	our	record	<u>1s</u> :
M	anage	<b>:</b>	,	

= Authorized Member

	Name	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00