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Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: LC	Ve VIntuge Name of Lim	LIFC, LLC ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Love 2825 E Gulfport	Busher Name of Person Vintage Life Firm/Company Beach Blvd Address FL 3370 City/State and Zip Code Code Code Code Code Code Code Code Code		18 OCT 17 PM 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
For further information	concerning this matter, please ca	ill:			
GLO-Free Name (BUSHW Person	3(7 at (<u>\$5</u>) <u>490 &</u> Area Code Daytim	SSU3 te Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cor	of Status &	

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

The Articles of Organization for this Limited Liability Company were filed on 8/28/18 and assign Florida document number L 18 0002 Db12U This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2825 BCACH BLVd Enter Florida street address	(Name of the Limite	1 A Liability Golphany A Florida Limited Lia	as it now appears on our	records.)	 	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2825 Brach Blvd	Γhe Articles of Organization for this Limited Lia	ability Company w	•		and ass	signed
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2825 Brach Blvd	This amendment is submitted to amend the follo	wing:				
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Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2825 Beach Blvd	<u>Principal office address MUST BE A STREE</u>	(ADDRESS)		 	<u>A</u> 語。	
3. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2825 Beach Blvd	Enter new mailing address, if applicable:				AHASSEE,	
Name of New Registered Agent: Geoffrey Bushar New Registered Office Address: 2825 Beach Blvd	Mailing address MAY BE A POST OFFICE E	BOX)				* U
Name of New Registered Agent: Geoffrey Bushar New Registered Office Address: 2825 Beach Blvd		-		,		· 3
New Registered Office Address: 2825 Brach Blvd			e address on our i	ecords, <u>enter</u>	the name	of the new
	Name of New Registered Agent:	Geoff	ray Bus	har		
/	New Registered Office Address:	2825	Beach B Enter Florida stree	l v d t address		
GU TOV + Florida 3707		6ulfpr	City	, Florida	3 3 7 (Zip Code	07

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>	Name	Address	Type of Action
MGR	Jessica Bushor	2825 BeachBlvd	
		Q825 BeachBlud Gulfport FZ 33707	Remove
			Change
			Remove
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			FILED OCT ET PMES: 27ge AHASSEE, FLORIDA
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rective date, if other than the date of filin effective date is listed, the date must be specific and e: If the date inserted in this block does not unment's effective date on the Department of Second specifies a delayed effective of	d cannot be prior to date of fi meet the applicable statut State's records. date, but not an effe	ory filing requirements, thi	r filing.) Pursuant to 605.0 s date will not be listed
ne 90th day after the record is filed.			The current
ed October 12	. 2018.		
Aff Signature of a	member or authorized repre	Sentative of a member	
Goffrey Bus	•		

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Filing Fee: \$25.00