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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: NEW life Multi Services. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dany L Romeus Name of Person
Firm/Company
416 West Pankina FL 33467 Suite B
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
DANY Romeus at (861) 859-3050 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
ES-\$25.00 Filing Fee S30.00 Filing Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	^	
Komeus Mnancial	SERVILLES	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	
	, 1	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/08/40/9</u>	_ and assigned
Florida document number $\frac{L/800033780}{}$.	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
NEW Life Multi SER	vices L.L.C.	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	416 West lantan	a FL 33465
(Principal office address MUST BE A STREET ADDRESS)	Suite 15	
rincipal office address MUST BE A STREET ADDRESS) 501+C 15	<u> 2 </u>	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		50 2
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name o	of the new registered
agent and/or the new registered office address here:		,,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	<u>Address</u>	Type of Action
			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
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			Remove
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f an effective Note: If th	ate, if other than the date is listed, the date mu e date inserted in this b effective date on the fi	ist be specific and o lock does not me	cannot be prior to eet the applicab	o date of filing or notes that the date of filing or notes the date of the dat	ore than 90 days afte	onal) r filing.) Pursuant to 60: s date will not be list	5.0207 (ted as t
e record spe ed is filed.	cifies a delayed effecti	ve date, but not a	in effective tim	ne, at 12:01 a.m.	on the earlier of: ()	o) The 90th day afte	er the
Dated C	01-21-7.	U		_			
validu `	1	,		-			
Jaiou							
Dated		Signature of a m	ember or author	ized representative	of a member		