## L19000013Z0Z

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
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## **COVER LETTER**

TO: Registration Se Division of Cor			
	VERLIFE, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	STANISLAV SHAMAYE	V	
		Name of Person	· <u> </u>
	SHAMAYEVLAW PA		
		Firm/Company	
	601 S FEDERAL HIGHW	'AY'	
		Address	
	HOLLYWOOD, FL 33020	)	
	SSHAMAYEV@SHAMAY	City/State and Zip Code TEVLAW.COM	<del></del>
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
STANISLAV SHAMAY	EV	727 4581422	
	f Person	at ()	<del></del>
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S	Section	Registration Sect	ion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEWSERVERLIFE, LLC

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number L19000013202	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	ls, enter the name of the new registere
New Registered Office Address:		
now Hogistota Office Hadipsi.	Enter Florida str	reet address
		, Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	- ree to act in this capac : performance of my d provided for in Chapt	city. I further agree to comply with th luties, and I am familiar with and

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
MBR	MARIIA KORSUNSKAIA	2700 N 29TH AVENUE - STE. 109 HOLLYWOOD, FL 33020	<b>■</b> Add
			□Remove
		<u> </u>	Change
<del></del>			□Add
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