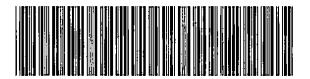
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

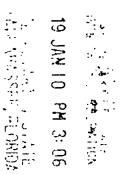
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COVER LETTER

TO:

New Filing Section

Di	vision of Corporations			
SUBJECT:	Life Change Institute, LLC			
002,201		Limited Liabili	ty Company	
The enclose	ed Articles of Organization and fee(s	s) are submitted	for filing.	
Please retur	m all correspondence concerning this	s matter to the fe	ollowing:	
	Michael LeBlond			
		Name of	Person	
	Life Change Institute, LLC			
		Firm/Co	npany	
	8023 Royal Birkdale Circle			
		Addre	ess	
	Lakewood Ranch, FL 34202			
г	michael@leblond.net	City/State and	l Zip Code	
_	E-mail address: (to be ι	ised for future a	nnual report notification)	·
For further in	nformation concerning this matter, pl	ease call:		
	Michael LeBlond	303	910-5722	
-	Name of Person	Area Code	Daytime Telephone Nun	ıber
Enclosed is	a check for the following amount:			
\$125.00 Fil	ling Fee \$130.00 Filing Fee & Certificate of Status	L_J _{Certifie}	ed Copy Il copy is enclosed)	160.00 Filing Fee, Tertificate of Status & ertified Copy ditional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circ	de

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
Life Change Institute, LLC	
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8023 Royal Birkdale Circle	8023 Royal Birkdale Circle
Lakewood Ranch, Fl. 34202	Lakewood Ranch, FL 34202
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agent. You must designate an individual or tion.)
The name and the Florida street address of the register	ed agent are:
Michael LeBlond	
	Name
8023 Royal Birkdal	le Circle
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating 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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State Filing Fees:	AMBK - Authorized	VIEINDEC			
Michael LeBlond Michael LeBlond 8023 Royal Birkdale Circle Lakewood Ranch, FL 34202 (Use attachment if necessary) EV: Effective date, if other than the date of filing: 01/05/2019 (OPTIONAL) ettive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 ment's effective date on the Department of State's records. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree feltony as provided for in s.817.155, F.S. Michael LeBlond Typed or printed name of signee		vientoci			
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