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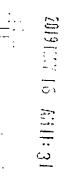
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PICK-UP WAIT MAIL
(Distance Catholic)
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U5/16/19--U1017--UU2 **25.UU



Amend

JUN - 1 2019

I ALEXITTON

COVER LETTER

Divi	sion of Corp	oorations		
SUBJECT:	NEW LIFE	LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The analogad	Articles of a	Amendment and fee(s) are sub-	nited for films	
Please return	all correspon	idence concerning this matter	to the following:	
		JONATHON ANGELO LI	BARDI	
			Name of Person	
		NEW LIFE LLC		
			Firm/Company	
		105 BRIDGETON STREE		
			Address	
		CHAMPIONS GATE, FLO	DRIDA 33896	
		JANGELO2004@YAHOO.	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report notiti	cation)
For further in	aformation co	oncerning this matter, please co	ıll:	
JONATHON	I ANGELO I	JBARDI	407 340-8268	
	Name of	Person	at () Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

JONATHON ANGELO LIBARDI				
(Name of the Lim	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ls.</u>)		
The Articles of Organization for this Limited L Florida document number L19000106523	iability Company were filed on 04/18/2019		and as	signed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company here:			
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	" or the abbrev	iation "L	LC."
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
Emer new manning address, it applicable. Mailing address MAY BE A POST OFFICE				
Pruning Gauress MAT BE A FOST OFFICE	<u> </u>	<u>-</u>	2015	
D. If amonding the maintained areas and		-	1	l evan
o. It amending the registered agent and registered agent and/or the new registered o	//or registered office address on our record: office address here:	s, <u>enter the</u>	name	oi_ine_n
			йн III: 3	
Name of New Registered Agent:	JONATHON ANGELO LIBARDI			
New Registered Office Address:	105 BRIDGETON STREET		=	
· ————————————————————————————————————	Enter Florida street addres	X.		

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.

CHAMPIONS GATE

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being add</u> or removed from our records:					
MGR = M $AMBR = A$	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Remove		
			Change		
			🗖 Add		
			Remove		
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Page 3 of 3

Filing Fee: \$25.00