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D SCOTT
JUN 1 7 2019

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lit 15 Life Consulting LLC.  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:	• ,
Karen S. McDaniels	
Litis Life Consulting	
15277 N.W. 1St Street	
Fembroke Pines, FL 33028  City/State and Zip Code  E-mail address: (to be used for futury annual report notification)	
For further information concerning this matter, please call:	
Karen S. MCDaniels at (951) 294-5444  Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate 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

Lit is	Life Consulting L	LC.
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	rds.) }- >-
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 5441	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Plorida
	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 = Ma $AMBR = Au$				
<u>Title</u>	Name	<u> </u>	Address	Type of Action
MGR	Karen S.	MCDaniels	5 15277 N.W. 18 Stre	et DAdd
	MBR = Authorized Member  tle Name  AGR Karen S. MC	-	Pembroke Pines, FL	□ Remove
		-	32028	Change
AMBR	Karen S.	McDanel	\$ 15277 N.W. 1st Sh	re-madd
		-	Pembroke Pines, Fi	□ Remove
		-	3302	
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Note: If the date inse	her than the date of filing:  ed, the date must be specific and cannot be red in this block does not meet the date on the Department of State's red	applicable statutory in	more than 90 days afting requirements, th	ional) er tiling.) Pu is date wil	ursuant to 60 I not be lis	5.0207 (3 ted as th
the record specific b) The 90th day a	es a delayed effective date, b fter the record is filed.	out not an effective	e time, at 12:01	a.m. on	the earl	ier of:
	e 17], 2	019.				

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Typed or printed name of signee

Filing Fee: \$25.00