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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Cor			
OUD II		epublic LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Dontae Parker		
			Name of Person	_
		New Life Republic LLC		
			Firm/Company	
		2107 Dr Martin Lr King Jr	Way	
			Address	_
		Haines City/ Fl 33844		
		info@newliferepublic.com	City/State and Zip Code	
		•	to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please ca	all:	
Dontae	e Parker		850 2966310 at ()	
Name of Person		f Person	Area Code Daytime Telephone Numb	er
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Life Republic LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/16/2020 and assigned Florida document number L20000115445

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

New Life Republic LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Haines City, Fl

33844

2107 Dr Martin Lr King Jr Way

Haines City, Fl

33844

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Dontae Parker		_
New Registered Office Address:	2107 Dr Martin Lr King Jr W	v Florida street address	
	Haines City	, Florida ³³⁸⁴⁴	
	City	Zip Code	_

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>	Address 1.11000 8 0.1 6: 27	Type of Action
MGR	Dontae Parker	2107 Dr Martin Lr King Jr Way	□ Add
		Haines City, Fl 33844	□Remove
			= Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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ote: If the dat	if other than the is listed, the date must e inserted in this bloctive date on the De	date of filing: _ be specific and car ck does not mee	the applicable st	of filing or more thar atutory filing requi	(optional) 190 days after filing.) rements, this date w	Pursuant to 605.0207 vill not be listed as
ecord specific is filed.	s a delayed effective	date, but not an	effective time, at	12:01 a.m. on the	carlier of: (b) The	90th day after the
09/16/20	20	·	<i></i> .			
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