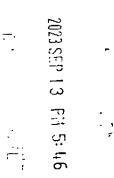
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COVER LETTER

Division of Cor		ů.	•
Life Resou	rces LLC		
ŞUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jon Arenstein MD		
		Name of Person	
	Life Resources LLC		
		Firm/Company	
	950 Peninsula Corp. Circle	c, Suite 2000	
		Address	
	Boca Raton, FL 33487		
	in a delivery deliver	City/State and Zip Code	
	jonarensteinmd@yahoo.cor E-mail address: (n to be used for future annual report notif	ication)
For further information e	oncerning this matter, please c	all:	
Jon Arenstein MD		561 234-6599	
Name o	f Person	Area Code Daytime	· Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	etion
131-1-1-1-6-6		D:-:-:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP 13 PH 5: 46

Life Resources 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 $\frac{07/13/2020}{1}$ and assigned Florida document number <u>L20000202323</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1157 S. State Road 7 Enter new principal offices address, if applicable: Wellington, FL. 33414 (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 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: New Registered Office Address: Enter Florida street address _. Florida ___ City

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 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
			□Add
		.	□ Remove
			Change
			□Add
			□Remove
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Effecti	re date, if other than the date of filing: (optional)
lf an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docum	nt's effective date on the Department of State's records.
e record rd is til	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	8/21/2023
Dated	
Dated _	
Dated _.	Sugnature of a member or authorized representative of a member
Dated _	Signature of a member or authorized representative of a member Jon Arenstein MD