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## **COVER LETTER**

TO:

Registration Section Division of Corporations

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:  Brandy Posey  Name of Person  Firm/Company  435 Specialty Point  Address  Sanford, FL. 32771	
Please return all correspondence concerning this matter to the following:  Brandy Posey  Name of Person  Firm/Company  435 Specialty Point	
Firm/Company  435 Specialty Point  Address	
Firm/Company  435 Specialty Point  Address	
435 Specialty Point Address	
Address	
City/State and Zip Code brandy@lbconnectors.com	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Brandy Posey 321 5226219 at ()	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee	atus &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Life Band LLC.	122 J
(Name of the Limited Liability Compa (A Florida Limited I	17. (B)
The Articles of Organization for this Limited Liability Company Florida document number 120000202949	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Life Band Connectors LLC.	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	435 Specialty Point
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FL. 32771
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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