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SECRETARY OF STATE



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TAMPA, FL 33603

THANK YOU.

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations |
|---|
| SUBJECT: LIFE LIFT Counseling LLC Name of Limited Liability Company |
| 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: |
| |
| James VALVES Name of Person |
| Name of Person |
| Life Life Courseling, LC |
| 703 W KENTUCKY AVE |
| TAMPA FL 33603 City/State and Zip Code James @ lifeling Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call. |
| Name of Person at (813) 360-1821 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \times \text{Certificate of Status}\$ \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Life Lift Counseling, Li | |
|---|---|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 120026269 | _ |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab LifeLift Wellness LLC The new name must be distinguishable and contain the words "Limited Liabiletics". | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 601 N LOIS, Suite 16 |
| (Principal office address MUST BE A STREET ADDRESS) | TAMPA , FL 33609 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 601 N Lois Suite 16 TAMPA, FL 33609 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new registered |
| New Registered Office Address: | Enter Florida street address Florida |
| | Cin |
| 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 |
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Filing Fee: \$25.00