

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PROMISED LIFESTYLE NETWORK LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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FEB 6 2023

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Promised Lifestyle Network

(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 01/01/21 and assigned Florida document number L20000389497.

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."

**Enter new principal offices address, if applicable:**

**(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 register agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|-------------------|-------------------------|--|
| AMBR         | TAYLOR, MIRANDA A | 1715 MOUNTAIN AVE       | <input type="checkbox"/> Add               |
|              |                   | SCOTCH PLAINS, NJ 07076 | <input checked="" type="checkbox"/> Remove |
|              |                   |                         | <input type="checkbox"/> Change            |
| AMBR         | DIEUJUSTE, BRUNO  | 7901 4TH STREET N       | <input type="checkbox"/> Add               |
|              |                   | STE 300                 | <input type="checkbox"/> Remove            |
|              |                   | ST PETERSBURG, FL 33702 | <input checked="" type="checkbox"/> Change |
|              |                   |                         | <input type="checkbox"/> Add               |
|              |                   |                         | <input type="checkbox"/> Remove            |
|              |                   |                         | <input type="checkbox"/> Change            |
|              |                   |                         | <input type="checkbox"/> Add               |
|              |                   |                         | <input type="checkbox"/> Remove            |
|              |                   |                         | <input type="checkbox"/> Change            |
|              |                   |                         | <input type="checkbox"/> Add               |
|              |                   |                         | <input type="checkbox"/> Remove            |
|              |                   |                         | <input type="checkbox"/> Change            |
|              |                   |                         | <input type="checkbox"/> Add               |
|              |                   |                         | <input type="checkbox"/> Remove            |
|              |                   |                         | <input type="checkbox"/> Change            |

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record 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 record is filed.

Robin Jones  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**