

/05/2021 1:36 PM-	15619074965	→ 18506176383	pg
		COVER LETTER	ļ
TO: Registration S		· · · · ·	
Division of Co			
SUBJECT:	LASMA, LLC		3
	Name of Lim	ited Liability Company	
The secles of Articles of	'Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
Mease return an corresp	ondence concerning this matter	io un following.	
	PETER MILLER		
		Name of Person	t i i i i i i i i i i i i i i i i i i i
	LIFE-IN PLASMA, LLC		
	·····	FirmyCompany	
	6877 SW 18TH STREET,	SUITE H 121	
	- <u>-</u>	Address	
	BOCA RATON, FL 3343	3	
		City/State and Zip Code	
	AVS716@AIM.COM		
		to be used for future annual report notification)	
For further information	concerning this matter, please o		
PETER MILLER		s61 717-8429 at ()	
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	•	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee,	
S25.00 Filing Fee	Certificate of Status	Certified Copy Certificate of Status &	
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Malling Addr Registration		Street Address: Registration Section	
	Corporations	Division of Corporations	
P.O. Box 63		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
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	ICLES OF AMENDMENT TO CLES OF ORGANIZATION OF
LIFE-IN PLASMA, LLC (Name of the Limites	Lisbility Company as it now appears on our records.) Florida Limited Lisbility Company)
The Articles of Organization for this Limited Lia Florida document number L21000029032	bility Company were filed on 01/26/2021 and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	
The new name must be distinguishable and contain the wo	nts "Limited Liability Company," the designation "LLC" or the abbreviation "LLLC."
Enter new principal offices address, if applies	
(Principal office address MUST BE A STREE)	
(Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address on our records, enter the name of the new registered
Name of New Registered Agent:	PETER MULER
New Registered Office Address:	6877 SW 18TH STREET, SUITE H 121
	Enter Florida street address BOCA RATON Florida 33433 Unified Street City
New Registered Agent's Signature, if changing,	Resistered Agent:
provisions of all statutes relative to the prop	ed agent and agree to act in this explicitly. I further agree to great and agree to act in this explicitly. I further agree to act in this explicitly. I further agree to act in the second agree to act in the se

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Fítle</u>	Name	Address	Type of Action
AMBR	RISE WITH YOU, INC.	1231 BANYON ROAD	D Add
		BOCA RATON, FL 33432	E Remove
			Change
			🗆 Remove
			🖸 Add
			🗍 Remove
			Change
			(] Add
			Петоче
			Change
			🖸 Add
			ПКстюче
			Change
			(D Add
			[] Change

E.

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D. If amending any other information, enter change(s) here: (Attach additional addi	onal sheets, if necessary.)
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	···.			·			<u></u> .	
P.M. Maria	te, if other than th	e dess of film	03	p1/21	(optional)		
(If an effective d Note: If the i	late inserted in this b ffective date on the l	ist he specific me lock does not t	curnot be prior to neet the applicat	due of filing of mor	re than 90 days	after filing.) I	ursuant to 605.0 ill not be fister	207 (3)(b) i as the
he record speci ord is filed.	ifics a delayed effecti	ve date, but not	an effective tim	e, 2112:01 a.u. or	n the cartier (of:(b) The	90th day after	the
MAR	СН 22		2021					
		1	601					
		P	- Ind	v		NAMES		
		Signature of	member or author	zed representative of	a member	LEAR SE		
	ETER MILLER	Signature of	member or author	zed representative of	of a member			

Filing Fee: \$25.00