L21000360265

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	·
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
_ Copies Centificates of Statu	s
al Instructions to Filing Officer:	
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Office Use Only	



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COVER LETTER

Division of Corp	arations		
јест: <i>Ецте</i>	LIFE LLC Name of Limit		
	Name of Lim	ned Liability Company	
enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
	dence concerning this matter		
	STEPHA	Name of Person	
		Name of Person	
		FirmCompany	
	1309 Thomasi	ulle Road Suite 21	:6
	TALLAHADEC	City/State and Zin Code	
	STEAMORE	Exp4@ gmuil. com	
urther information co	neerning this matter, please co		ication)
() TEPHANIC	ANDORSON	at (<u>850</u>) <u>996</u> Area Code Daytime	- 433/
Name of	Person	Area Code Daytime	: Telephone Number
osed is a check for the	: following amount:		
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Se		Street Address: Registration Sec	tion

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

1...

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOWN & PHOS

Articles of Organization for this Limited Liability Company were filed on ____ .da document number 62/000360265 - amendment is submitted to amend the following: if amending name, enter the new name of the limited liability company here: ELITE LIFE 101 LLC.

ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1309 Thomasulle Rd Suite 216 or new principal offices address, if applicable: THURHASSEE FL 32308 ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) I amending the registered agent and/or registered office address on our records, enter the name of the new registered at and/or the new registered office address here: Name of New Registered Agent: 1309 Thomosville Rel Sinke 216
Enter Florida street address New Registered Office Address: AUAHASSET Florida 32303

v Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and apt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

Granging Registered Agent, Signature of New Registered Agent

(B)

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

.R = Manager
(BR = Authorized Member

<u>:</u>	Name	Address	Type of Action
mgr_	Stephanic Anderson	1301 Thomasville Rd	
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		Tallahassee FL 3230	3 Change
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Filing Fee: \$25.00