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COVER LETTER

TO:

Registration Section

Division of Corporations				
	rizons Life Group LLC			
Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	Rasheem Edward			
		Name of Person	···	
	Zenbusiness Inc			
		Firm/Company		
	5511 Parkerest Dr. Suite 1	103		
		Address		
	Austin, TX 78731			
		City/State and Zip Code		
	fulfillment@zenbusiness.co			
For further information	n-man address: n concerning this matter, please c	to be used for future annual report no call:	ineation)	
Zenbusiness Inc c/o Rasheem Edward		844 4936249		
Name of Person		at () Area Code Daytir	ne Telephone Number	
Enclosed is a check fo	r 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 Section		Street Address:	ection	
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Talfahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Horizons Life Group LLC (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 $\frac{1/12/2022}{1}$ _____ and assigned Florida document number $\frac{1.22000027364}{1.0000027364}$ 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___

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>	Address	Type of Action
AMBR	Justin Goodwin		□Add
		282 TAIT TERRACE SOUTHEAST PORT CHARLOTTE, FL 33952	Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
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			□Change
	 		□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated ____ 2022 /s/Nicole Ockenden Signature of a member or authorized representative of a member Nicole Ockenden

Filing Fee: \$25.00

Typed or printed name of signee