

K22000040892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

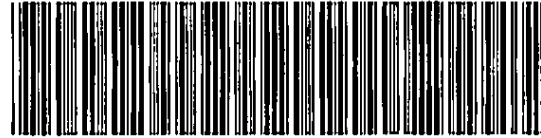
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

60638

Office Use Only



500387175055

LLC amend

05/10/22--01009--027 **25.00

2022 MAY 10 AM 10:16
FILED

A. RAMSEY
AUG - 4 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2022

JUAN P ARISTIZABAL
8422 IRAN MOUNTAIN TRL
WINTER GARDEN, FL 34786

SUBJECT: INLIFE INVESTMENTS LLC
Ref. Number: L22000040892

We have received your document for INLIFE INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 222A00015157

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INLIFE INVESTMENTS LLC

Name of Filing Party or Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

JUAN P. ARISTIZABAL

Name of Person

Firm/Company

8422 IRON MOUNTAIN TRAIL

Address

WINTER GARDEN FL 34786

City, State and Zip Code

JP.AE1985@GMAIL.COM

E-mail address, to be used for future annual report notifications

For further information concerning this matter, please call:

JUAN P. ARISTIZABAL

954

937-5906

at

Area Code

Daytime Telephone Number

Name of Person

Enclosed 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 - \$5.00 each)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy - \$5.00 each)

Mailing Address:

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

Street Address:

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**

FILED

2022 MAY 10 AM 10:16

INLIFE INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
STATE

The Articles of Organization for this Limited Liability Company were filed on 01/21/2022 and assigned Florida document number L22000040892.

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 _____

City

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>
MGR	Natalia Munoz Aristizabal	8422 Iron Mountain Trail	<input checked="" type="checkbox"/> Add
		Winter Garden FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

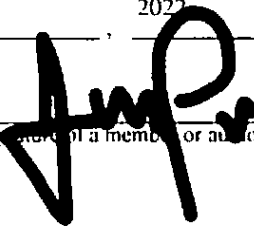
E. **Effective date, if other than the date of filing:** _____ **(optional)**

(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)

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 May 3, 2022



Signature of a member or authorized representative of a member

Juan P Aristizabal

Typed or printed name of signee