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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: FW		THE BEST LIF	E LLC
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
-	SAVANVILA	Y CAMPELL Name of Person	
	FLOW DA LI	FELTHE BEST Firm/Company	UFE LLC
	7411 161	Address	
	San E	SCADENTN, FL City/State and Zip Code B & Roucet mail	34209
	E-mail address: (	to be used for future annual report not	tification)
For further information of	oncerning this matter, please ca	all:	
SAVMVILAY Name o	CANTUEU f Person	at (607) 370 Area Code Daytin	1-9849 ne Telephone Number
Enclosed is a check for the	ne 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 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

	UPEIS?		EAT LI	FE		
( <u>Name of the Limited</u> ) (A	Liability Compan Florida Limited Li	y as it now ap ability Compar	pears on our rec ny)	ords.)		
The Articles of Organization for this Limited Liabi Florida document number		vere filed on	3/30	2023	2 and as	ssigned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the FLORIDA LIFE IS THE The new name must be distinguishable and contain the words	E BEST	LIFE		LC" or the ab	LC.	L.C."
Enter new principal offices address, if applicable	e:		<del></del>			<del></del>
(Principal office address MUST BE A STREET A	DDRESS)					
Enter new mailing address, if applicable:					023 SEP	
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>				, <del>, , , , , , , , , , , , , , , , , , </del>	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address he			r records, <u>ent</u>			
Name of New Registered Agent:	SAVAN	IVILAY	CANTREL	1		
New Registered Office Address:	7411	Loth Enter 1	Ave W Florida street addi	ess		<del></del>
_	BRAD	ENTON	, I	Florida	342	19
	•	Cirv			7in 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 Granging 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
			DAdd
			□Remove
			□Change
		DAdd	
		□Remove	
			□Change
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an effeci	live date is listed, the date must be specific and cannot be prior to date of filling and the date must be specific and cannot be prior to date of filling and the date of fil
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
	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 s	•
ecord s is filed	•
	8/22/2022 2023
	8/22/2023, 2023
record s is filed	8/22/2023, 2023.  Signature of a member or authorized representative of a member