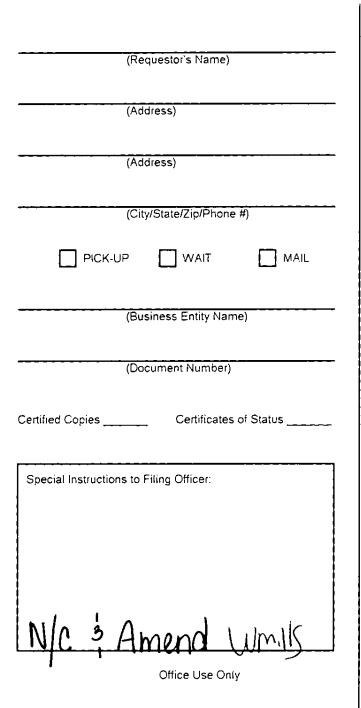
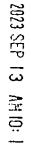
L22000453752





700415492247

09/13/23--01007--016 ++25.00



COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	CT:	1010 - 110	SSC+S UCC	
The enc	losed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please r	eturn all corresponde	nce concerning this matter to	the following:	
		Bellenci	Jean-Noe Name of Person	
		Taxlife 1	ASSEAS (L.C. "CONSCIENT Firm/Company	ing from"
		3926 5	Kings Ave W	H-3
		Bray	Way FL 335 City/State and Zip Code	11
	_	E-mail address: (to	be used for future annual report notifies	otion)
For furt	her information conce	erning this matter, please call	l:	
	Of Hence Name of Per	y Jean-Noel	at (<u>786)</u> <u>625</u> Area Code Daytime T	2746 elephone Number
Enclose	d is a check for the fo	ollowing amount:		
급\$ 25	.00 Filing Fee E	\$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

(Name of the Limited Liability Compan	50+5 LLC by as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>\begin{align*} \begin{align*} \beg</u>	4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
LifeAlliance	UC
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	3926 S Kings Are Lot 3 Brandon FL 33571
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1032 & Brandon Blvd #4588 Brandon, FL 33511
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	(i) (i) (ii)
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>	Name	<u>Address</u>	Type of Action
			□ Add
			Remove
			☐Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐ Change
<u>.</u>			
			Remove
			Change
			□Remove
	·		□Add
			□Remove
			□Change

Page 2 of 3

If an ef Note:	tive date, if other than the date of filing: [coptional] [coptional]
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of: 90th day after the record is filed.
Dated	Soptember 6, 2023 (Signature of a member or authorized representative of a member
	Bellency Jean-Noel



October 3, 2023

BELLENCY JEAN-NOEL 3926 S KINGS AVE LOT 3 BRANDON, FL 33511 US

SUBJECT: TAXLIFE ASSETS Ref. Number: L22000453752

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Wanite A Mills Regulatory Specialist II

Letter Number: 923A00022804

USI 13 2023

COVER LETTER

TO: Registration Section Division of Corpor				
SUBJECT:	XLIFE ASSETS	S UC led Liability Company		
The enclosed Articles of Am				
	Bellency	Jean-No Name of Person	oel	
	Tax ut	e Asset LL Firm/Company	C	-
	3926 5	Address	ve Lot3	
	Bran	don FL 3 City/State and Zip Code	Mail Com-	
-	E-mail address: (to	hency je gr	mail. Comport notification)	
For further information conc	erning this matter, please ca	II:		
Bellency Je Name of Pe	Lan-Noel	at () Area Code	766 52527 Daytime Telephone Number	146
Enclosed is a check for the fo	ollowing amount:			
₹25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is encle	Certifica (Sed) Certified	te of Status &
Mailing Address:		Street Ado	dress:	

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

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

(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 10 21 2022 and assigned Florida document number 121000453753. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LIFE ASSETS UC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) Enter new 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 name registered agent and/or the new registered office address here: Name of New Registered Agent:	Taxlife Assets L	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LIFE ASSEAS LUC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "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 address here: Name of New Registered Agent:	(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny a <u>s it now appears on our records.</u>) iability Company)
A. If amending name, enter the new name of the limited liability company here: LIFE ASSETS UCC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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:		were filed on $10 21 2022$ and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Agent: Name of New Registered Agent:	This amendment is submitted to amend the following:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 Agent: Name of New Registered Agent:	A. If amending name, enter the new name of the limited liabi	lity company here:
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 Agent: Name of New Registered Agent:	Life Assets L	LC
(Principal office address MUST BE A STREET ADDRESS) Boundon FL 33511 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:	The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) # 4589 Brondon; FL 335 H. 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:	• • •	<u>wt3</u>
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:		1032 E Brandon Blive 3
		ddress on our records, enter the name of the new registered
	Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	New Registered Office Address:	Enter Florida street address
, Florida		
City Zip Code		City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	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 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
			□ Remove
			□Change
			□ Add
			□Remove
			□ Chrunge
			□Remove
			□Add
			□ Remove
			Change
			
			□Remove
			□Clumge
			□Renюve
			□Change

ii amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an effe Note:	ve date, if other than the date of filing:
record d is file	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 ed.
Dated _	
	Signature of a member or authorized representative of a member
	Bettency Jean - NOC! Typed or printed name of signee