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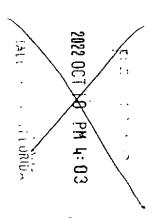
| | (Requestor's Name) |
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| | (Address) |
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| - | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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COVER LETTER

| TQ: Registration Section Division of Corporations |
|--|
| SUBJECT: Tumber Life LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| David M. Brantley Name of Person |
| Tumbler Life |
| 1413 State, HVR |
| Lehigh Aces Ha 33972 City/State and Zip Code |
| Tumbler life L E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| David Brantley at (235) 204 (395) Area Code Daytime Telephone Number |
| Name of Person / Area Code Baytime reception |
| line laced is a check for the following amount: |
| S25.00 Filing Fee S25.00 Filin |
| |

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 Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | records.) |
|---|--|
| The Articles of Organization for this Limited Liability Company were filed on $\frac{11/4}{22600487043}$ | 1 |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | SECORE TO THE |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | on "LLC" or the abbreviate of the substrate of the substr |
| 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 record agent and/or the new registered office address here: | s, enter the name of the new registered |
| 1413 Stat | e, Ave. |
| | eei address Florida <u>33972</u> 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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--|----------------|
| MBR_ | David Brantley | 1413 State Aue Lenigh Acres, Fla 3397 | 12 EAdd |
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| ctive date, if other the | nan the date of fil | ing: | to date of filing or n | ore than 90 days afte | onal) r filing.) Pursuant to 605 |
| If the date inserted i | n this block does no | ot meet the applic | sable statutory film | g requirements, thi | s date will not be liste |
| ment's effective date (| on the Department c | of State's records | | | |
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Filing Fee: \$25.00