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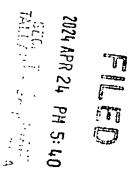
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(Address)				
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COVER LETTER

Change of	Life CC, LLC		•	
SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Tricia L. Brock			
		Name of Person		
		Firm/Company		
18139 Webb Road				
	Prairieville, LA 70769	Address		
		0: 10: 11: 0: 1		
	tlcorr@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	ication)	
For further information c	oncerning this matter, please co	all:		
Tricia L. Brock		781 254-3372 at ()		
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 tadditional 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

Change of Life CC, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	impany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp $\frac{1.24000180534}{}$.	oany were filed on April 17, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Bability company here:	
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u></u>
Enter new mailing address, if applicable:		2074 APR
Mailing address MAY BE A POST OFFICE BOX)		R TI
		2
		P
 If amending the registered agent and/or registered off gent and/or the new registered office address here: 	ice address on our records, <u>enter the n</u>	
gent and/or the new registered office address here.		5: t0
Name of New Registered Agent:		<i>F</i>
New Registered Office Address:	Enter Florida street address	
·	, Florida	Zin Cade

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
Manager	Peter J Maggi		□Add
			□Remove
		86 Clifton Avenue, Hull MA 02045	■ Change
Member	The Peter J. Maggi Revocable Trus	86 Clifton Avenue, Hull MA 02045	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□ Chanas

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change Peter J. Maggi from a member to a manager AND ADD The Peter J. Maggi Revocable Trust as the sole member of this LLC. This is a disregarded entity (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. Signature of a member or authorized representative of a member

2210 TO 055 A

Typed or printed name of signee