

M12000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

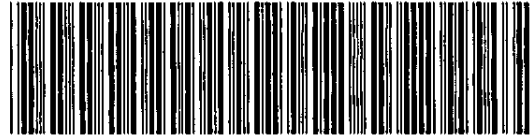
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Bush OCT 4 2013

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hylife, 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:

Erica D. Cohen

Name of Person

The Dorcey Law Firm, PLC

Firm/Company

10181 Six Mile Cypress Pkwy, Ste. C

Address

Fort Myers, Florida 33966

City/State and Zip Code

erica@dorceylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica D. Cohen

Name of Person

at (239) 418-0169

Area Code & Daytime Telephone Number

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 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hylife LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica D. Cohen
Name of Person

The Dorsey Law Firm, PLC
Firm/Company

10181-C Six Mile Cypress Pkwy
Address

FORT MYERS, FL 33966
City/State and Zip Code

erica@dorseylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Cohen at (239) 418-0169
Name of Person Area Code and Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2013

ERICA D. COHEN
THE DORCEY LAW FIRM, PLC
10181 SIX MILE CYPRESS PKWY STE C
FORT MYERS, FL 33966

SUBJECT: HYLIFE OF SW FLORIDA LLC
Ref. Number: M12000000006

We have received your document for HYLIFE OF SW FLORIDA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 913A00021358

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hylife of SW Florida LLC

(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 12/30/2011 and assigned
Florida document number M12000000006.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

N/A

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

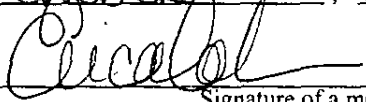
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hylife Management, LLC	28165 Meadowlark Lane	<input checked="" type="checkbox"/> Add
		Bonita Springs, FL 34134	<input type="checkbox"/> Remove
MGR	Marilyn R. Hodges	28165 Meadowlark Lane	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Remove
MGR	Perry J. Hodges	28165 Meadowlark Lane	<input type="checkbox"/> Add
		Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated September 20, 2013



Signature of a member or authorized representative of a member

Erica Cohen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Hylife of SW Florida, LLC

2. This entity was formed under the laws of: Wyoming

3. This entity was authorized to transact business in Florida on 12/30/2011
and its Florida document/registration number is M120000000006

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Hylife Management, LLC
28165 Meadowlark Lane
Bonita Springs, FL 34134

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TALLAHASSEE, FLORIDA

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Required Signature: *Marilyn R. Hodge*
Signature of Manager, Managing Member or Member

Filing Fee: \$25