

L20000035133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

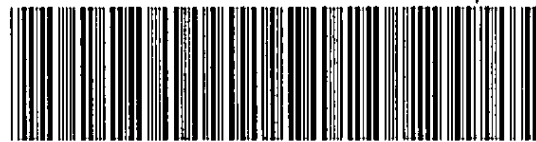
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 19 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FL

Amend

APR 07 2021
D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVUNFAZED 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:

Gamaliel Enrique De Los Santos
Name of Person

LIVUNFAZED LLC
Firm/Company

5058 Arrapahoe Street
Address

Saint Cloud, FL 34771
City/State and Zip Code

Livunfazed97@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 19 PM 4:57

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For further information concerning this matter, please call:

Gamaliel Enrique De Los Santos at (954) 296-9251
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RECEIVED
MAR 19 2021

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LIVUNFAZED LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 MAR 19 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1-29-2020 and assigned
Florida document number L20000035133.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

5058 Arrapahoe street
Saint Cloud, FL 34771

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5058 Arrapahoe street
Saint Cloud, FL 34771

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:

Gamaliel Enrique De Los Santos

New Registered Office Address:

5058 Arrapahoe Street

Enter Florida street address


Saint cloud . Florida 34771

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Gramajiel E DeLosSantos	5058 Arrapahoe street	<input type="checkbox"/> Add
		Saint cloud , FL 34771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jabari Garmon	25 Hasbrouck RD Apt G	<input type="checkbox"/> Add
		Garnerville, NY 10923	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

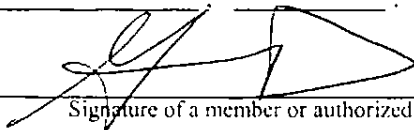
E. Effective date, if other than the date of filing: January 29, 2020 (optional)

(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.

Dated 3/16/21



Signature of a member or authorized representative of a member

Gamaliel Enrique De Los Santos
Typed or printed name of signee