## 121000395627

(Reques	stor's Name)
(Addres	s)
(Addres	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ss Entity Name)
(Docum	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:
	10/5/a0a TM

Office Use Only



100372930801

09/27/21--01017--003 \*+25.00

21 SEP 27 PH 3: 11

## **COVER LETTER**

	egistration Sec ivision of Corp			
		PRO USA LLC		
SUBJECT	`:	Name of Limi	ited Liability Company	
The enclos	ed Articles of i	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter	to the following:	
		SCOTT E ITKIN		
			Name of Person	<del></del>
			Firm/Company	
		4439 WEST WHITEWAT	ER AVENUE	
			Address	
		WESTON, FL 33332		
		CUTEA V.C. AVAIL VYNA	City/State and Zip Code	
		SFTAX@AOL.COM E-mail address: ()	to be used for future annual report not	ification)
For further	· information co	oncerning this matter, please co	all:	
SCOTT E	ITKIN		954 45802000	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 27 PH 3: 11

Zip Code

LIVELEANPRO USA 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 Florida document number <u>L21000395627</u>	were filed on SEPTEMBER 7, 2021 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	htty 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)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Florida			

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.

City

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 = M	lanager Authorized Member			
<u> Fitle</u>	Name	Address	21 SEP 27 PM 3: 11	Type of Action
AMBR	CONSUMER PRODUCTS INTER	101 PLAZA R	EAL NORTH STE 224	<b>=</b> Add
		BOCA RATO	N, FL 33432	□Remove
				□Add
				□Remove
				□Change
				🗆 Add
				Remove
		<u></u>		☐ Change
<del></del>				□Add
				□Remove
			<u>-</u>	🗆 Change
		<del></del>		□Add
				□Remove
				□Change
				□Add

\_\_\_\_ Remove

N/A	
	21 SEP 27 PH 3: 11
	<u> </u>
	<u> </u>
iffective date, if other than the date of filing	: (optional)
fan 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 605.02 eet the applicable statutory filing requirements, this date will not be listed a
locument's effective date on the Department of St	ate's records.
,	
1 Command to the control of the cont	on afficiency in a 12-01 and on the configuration. The 90th day after the
record specifies a detayed effective date, but not a d is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
G to Theor.	
SEPTEMBER 20	2021
Dated SEPTEMBER 20	1/-
/1///	
	fember or authorized representative of a member
/// Sentiment an	remote of additional expressionality of a method

Filing Fee: \$25.00