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Kluzek



COVER LETTER

TO: Registratio Division of	n Section Corporations	
SUBJECT:	-ivLMissy LLC Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all corre	respondence concerning this matter to the following:	
	Melissa M. Sabarese Name of Person	
	LivLMissy LLC Firm/Company	
	1327 WARWICK DR	
	OLOSMAR, FL 34677 City/State and Zip Code	
	18 Melissa Sabarese @ ampil. (OM) E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Melis	Sa Sabarase at (727) 798-6702 me of Person Area Code Daytime Telephone Number	
Nar	ne of Person Area Code Daytime Telephone Number	
Enclosed is a check f	For the following amount:	
□ \$25.00 Filing Fee	c ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LivLMissy LLC		
(Name of the Limited Liability Compan (A Florida Limited L		PX
The Articles of Organization for this Limited Liability Company of Florida document number 19000264652.	were filed on October, 22,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the	t iation—1.L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· - -
		· -
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	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

Title	<u>Name</u>	Address	Type of Action
MGR	Melissa M. Sabarese	2327 WARWICKDR.	X Add
		CLOSMAR, FL 34677	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1. LIVLMISSY LLC IS A SINGLE MEMBER LLC
	2. Melissa M. Sabarese is owner and
	Manager of LivLMissyLLC and must be Added
	AS MUR under Article IV of electronic l'Articlos
	of organization for L19000 764652, dated
	22 OCT 2019
(If an el	tive date, if other than the date of filing: December Q (optional) Meetive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	November 25. 2019.
	Ula -
	Signature of a member or anthorized pepresentative of a member
	Malica M Sahara
	Typed or printed name of signec

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