L020000 24341

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300275437733

08/17/15--01011--025 **25.00

15 AUG 17 PM 1: 02

NUE 20 2015 J. HARRIS

COVER LETTER

T	O: 1	Registration Se Division of Cor	ection , porations			
Ç1	IB IEC					
31	DISTEC	1.		ited Liability Company		
Tł	ne enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Pl	ease ret	urn all correspo	ndence concerning this matter	to the following:		
	Registration Section Division of Corporations ALIVE FAMILY LIMITED COMPANY 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: FRANTZ RICHARD Name of Person ALIVE FAMILY LIMITED COMPANY Firm/Company 7451 LIVERPOOL COURT Address BOYNTON BEACH, FL 33472 City/State and Zip Code AFLT@RICHARDETC.COM E-mail address: (to be used for future annual report notification) FOR further information concerning this matter, please call: FRANTZ RICHARD Name of Person 1561 Name of Pe					
				Name of Person		_
	ALIVE FAMILY LIMITED COMPANY					
				Firm/Company		
			7451 LIVERPOOL COUR	Т		
	•			Address		_
		ALIVE FAMILY LIMITED COMPANY Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: FRANTZ RICHARD Name of Person ALIVE FAMILY LIMITED COMPANY Firm/Company 7451 LIVERPOOL COURT Address BOYNTON BEACH, FL 33472 City/State and Zip Code AFLT@RICHARDETC.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: TZ RICHARD Name of Person Area Code Daytimé Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy Certificate Of Status Certified Copy Certificate Of Status Certified Copy Certified Copy				
				City/State and Zip Code		_
			E-mail address: (t	o be used for future annual repo	ort notification)	
Fo	r furthe	r information c	oncerning this matter, please ca	11:		
FI	RANTZ	RICHARD	Name of Limited Liability Company Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: FRANTZ RICHARD Name of Person ALIVE FAMILY LIMITED COMPANY Firm/Company 7451 LIVERPOOL COURT Address BOYNTON BEACH, FL 33472 City/State and Zip Code AFLT@RICHARDETC.COM E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: RD at (Area Code Daytimé Telephone Number) for the following amount: ee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ Certificate of Status & Certificat Copy (additional copy is enclosed) Certificate of Status & Certificat Copy (additional copy is enclosed)			
		Division of Corporations ALIVE FAMILY LIMITED COMPANY Name of Limited Liability Company Seed Articles of Amendment and fee(s) are submitted for filing. Parm all correspondence concerning this matter to the following: FRANTZ RICHARD Name of Person ALIVE FAMILY LIMITED COMPANY Firm/Company 7451 LIVERPOOL COURT Address BOYNTON BEACH, FL 33472 City/State and Zip Code AFLT@RICHARDETC.COM E-mail address: (to be used for future annual report notification) or information concerning this matter, please call: CRICHARD Name of Person Area Code Daytimé Telephone Number is a check for the following amount: 0 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed) Certificed Copy				
En	iclosed i	s a check for th	e following amount:			
	\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certifica (1) Certified	ate of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALIVE FAMILY LIMITED COMPANY		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company "the decimation "LLC" or	r the obbraviation "I I C"
The new haine must be distinguishable and contain the words. Litt	inied Liability Company, the designation ELC of	THE ADDREVIATION L.L.C.
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDI</u>	RESS)	
		<u>≥ 55</u> 55
		AUG AUG
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		TO TO
Muning unavess MAT BEAT OUT OF THEE BOXY		
		200 C
B. If amending the registered agent and/or regis	stared office address on our records a	enter the name of the r
registered agent and/or the new registered office add		enter the name of the p
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da :
	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>	Address	Type of Action
AMBR	GUYVANS RICHARD	7451 LIVERPOOL COURT	
		BOYNTON BEACH, FL 33472	■ Remove
			Change
AMBR	REGINALD RICHARD	7451 LIVERPOOL COURT	
		BOYNTON BEACH, FL 33472	■ Remove
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add Grant
			Change
			□ Remove
			Change

D. If amending a	ny other information, en	ter change(s) here:	(Attach additional	sheets, if necessa	rry.)	
			4-24-44-49-44-49-4			
	· · · · · · · · · · · · · · · · · · ·		···		· · · · · · · · · · · · · · · · · · ·	
			/			
				-,.		

.						
				-		
					······································	
		<u></u>				
		 				
(If an effective date Note: If the date	if other than the date of is listed, the date must be spece e inserted in this block does ctive date on the Departme	ific and cannot be prior to s not meet the applicab	date of filing or more the statutory filing required	(optiona han 90 days after filir quirements, this da	ig.) Pursuant to 605.0	207 (3)(b l as the
	ecifies a delayed effect ay after the record is		an effective time	e, at 12:01 a.m	. on the earlier	of:
Dated AUGUS	T 12	2015	· · · ·			
	Signatu	of member or authori	zed representative of a	member	32 3	
FRA	NTZ RICHARD, MGR	7	·		100 T	1
·#s		Typed or printed	name of signee		*** 7 PH	1 J
		Page 3	3 of 3		I I: 02	

Filing Fee: \$25.00