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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ECT:	Livir	g Trees, LLC	
0000		· -	nited Liability Company	<del></del>
The en	closed Articles of	`Amendment and fee(s) are s	ubmitted for filing.	
Please	return all corresp	ondence concerning this matt	er to the following:	
			Monika Pendl	
			Name of Person	
		Monika	Pendl Revocable Living Trust	
			Firm/Company	
755 Grand Blvd. Suite B 105-135				
			Address	
			iramar Beach, FL 32550 City/State and Zip Code	<del></del>
			Pendlmoni@aol.com	
For fur	ther information	E-mail address: concerning this matter, please	(to be used for future annual report notification) call:	
				FT17 * 1, 1 (**)
		lonika Pendl	at ( <u>850</u> ) <u>588-9498</u> Area Code & Daytime Telephone N	lumber Comb
	Manie	01 ( C150))	Area Code & Daytine Telephone is	Ph 12: 06
Enclos	ed is a check for	the following amount:		
□\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy lditional copy is enclosed)
(	Regist Divisi P.O. E	ING ADDRESS: tration Section on of Corporations dox 6327 assee, FL 32314	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Livir	ng Trees, LLC				
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability C	Company were filed on	6/18/2007	and assi	gned	
Florida document number L0700064197					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability company here	<b>2</b> :			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compar	ny," the designation "	LLC" or the a	bbreviatio	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)				
			<u> </u>		
Enter new mailing address, it applicable:			NO.	1	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	·	Or an	S STATE OF	
muning uniness MAT BEAT OST OF THE BON				- 1	
			<u> </u>	1344,478	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on o ress here:	ur records, <u>enter</u>	the name or	f the new	
Name of New Registered Agent:					
New Registered Office Address:					
	Ent	er Florida street ad	ida 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 Type of Action <u>Title</u> <u>Address</u> <u>Name</u> **MGRM** Monika Pendl 755 Grand Blvd. Suite B 105-135 ☐ Add ✓ Remove Miramar Beach, FL 32550 755 Grand Blvd. Suite B 105-135 Miramar Beach, FL 32550 MGRM Monika Pendl Revocable ✓ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_ Signature of a member or authorized representative of a member Monika Pendl Revocable Living Trust Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00