

L10000123436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

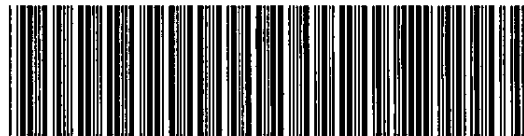
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 21 P 12:29
TALLAHASSEE, FL
STATE OF FLORIDA

B. BOSTICK

FEB 24 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keep Living Life 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:

Peter Strack
Name of Person

Firm/Company

8815 Conroy-Windermere RD #136
Address

ORlando, FL 32835
City/State and Zip Code

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

For further information concerning this matter, please call:

Peter Strack at (800) 355-0969 XEXT 10
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO
ARTICLES OF ORGANIZATION
OF

Keep Living Life, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Effective Date: 12/15/2007

The Articles of Organization for this Limited Liability Company were filed on 11/30/2010 and assigned Florida document number L10000123436.

This amendment is submitted to amend the following:

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

ALLIANCE VIEW, LLC.

The new name must be distinguishable and end with 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)

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NOV 30 2010	11 30 2010	11 30 2010
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NOV 30 2010	11 30 2010	11 30 2010
NOV 30 2010	11 30 2010	11 30 2010
NOV 30 2010	11 30 2010	11 30 2010
NOV 30 2010	11 30 2010	11 30 2010

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida 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 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

N/A

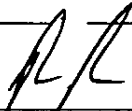
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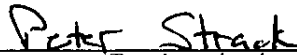
E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2014 FEB 21 P 13:26
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FEB 21 2014