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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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		P	ICK UP:	6/4 Glinda	_	
		CERTIFIED COPY				
	XX	РНОТОСОРУ				
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	xx	FILING	LLC	AMEND		
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2.		(CORPORATE NAME AND DO	CUMENT #)			
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COVER LETTER

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Se Division of Cor			
ѕивјест: Дъх	+ That Life Name of Lie	e LLC nited Liability Company	
	Amendment and fee(s) are sul	_	
Please return all correspo	ndence concerning this matter	to the following:	
	Frances	Name of Person	-1
	About Y	rat use uc	
	722 OW	158 th Terrace Address	
	Pembroke	Pines, FL 3302 City/State and Zip Code	7
	Fchery 20 E-mail Oress: (20 a gnuil. om to be us of for future annual report not	ification)
For further information co	ncerning this matter, please c	all:	
Francesse Name of	α		18'35 ne Telephone Number
Enclosed is a check for the	_		
□ \$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 So Division of Co	ection	Street Address: Registration Se	
Division of Co	poraciona	Division of Cor	poraduns

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(A	Florida Limited I	liability Company)	<u> </u>	
The Articles of Organization for this Limited Liab	oility Company 39	were filed on	7/16/2013	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabi	lity company here	:	
The new name must be distinguishable and contaid he word		1	, , , , , , , , , , , , , , , , , , , ,	
Enter new principal offices address, if applicab	le:	•	ollyward Pd	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	1809 Was Holiywood,	hington Utree PL33020	+ Apt 2
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office a	ddress on our reco	rds, enter the name	of the new registered
Name of New Registered Agent:	H ancess	e Chery		
New Registered Office Address:	5713	e Chery Hollywood Enter Florida wood City	FL 33021	
	Holly	v ood	, Florida <u> </u>	3021
	0	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.

f Changing Registered Agend 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>	Name	Address	Type of Action
MGRM	Cardice M Fidler	722 SW 15845 Ferrace	🗀 Add
		Rembroke Pines, Fl. 33027	Bemove
			ClChange
BA	Paul A Hoprowoki	10031 Pines Blvd #224	_ EIAdd
		Pembake Pines, FL 33024	__\compression
			Change
MAR	Francesse Cheny	1829 Washington Street Apt 2	KIA]d
		Hollywood, FL 33020	_ []Remove
	•		_ 🗆 Change
MÜRN	Francesse Chery	19501 NE 19thave	_ □Add
	U	Miami, FL 33179	move
			_ 🗆 Change
 	•		_ □Add
			_ 🗆 Remove
			_ Change
			_ □Add
			_CIRemove
		····	_ Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fective	e date, if other than the date of filing: (optional) ive 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
ote: If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	06/04/2021
	JANOON Nove
	Signature of a momber of authorized representative of a member