# L1400000 24744

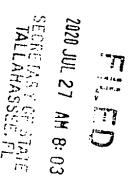
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: LOV	<u> </u>	nent LLC nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wandey	Alexis Name of Person	
		Firm/Company	<u></u>
	6460 N	1 Dixie Hu	<u> </u>
	Borg Ra	100 F/ 334 City/State and Zip Code	87
	DRUCKS 31 E-mail address:	to be used for flure annual report notities	SECRETAL AHA
For further information c	oncerning this matter, please c	all:	70"
Wander Name o	1 AICKIS	at ( <u>954</u> ) <u>934</u> Area Code Daytime T	3433 € Selephone Number
Enclosed is a check for the	ne 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 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

Lavi Manageme	ny as it now appears on our records )
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	Jiability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400024744</u>	were filed on 2 12 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6460 N Dixie Hwy
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton Fl 33487
Enter new mailing address, if applicable:	6460 N Dixie Huif
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton FESSEY87
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	min a U
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	The Louis Steel Garees
<del></del>	, 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

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
<u>AMBR</u>	Mikail L Alexis	7491 N Federal Hu	<b>¥</b> □Add
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		Boca Raton F1 3348	. ☐ Change
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Effect	ive date, if other than the date of filing:
(If an ef	fective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
docun	nent's effective date on the Department of State's records.
_	rd 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
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Filing Fee: \$25.00