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N. CALLANASSEE FILORIDE

AUG 14 2018 S. YOUNG

« COVER LETTER

TO: Registration So Division of Co		`		
SUBJECT: Ty	che Living II	C nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Cathine S	Name of Person		
		Firm/Company		
	4249 NW	52nd Avenue	18 AUG	77
	Fort Lauder	dale FL 33319 City/Stale and Zip Code	ASSECTED FOR	
	909 il 18	to be used for future annual report notif		
For further information c	concerning this matter, please c	all:		
Cattine S	Sutherland of Person	at (<u>954</u>) <u>733</u> Area Code Daytime	5430 Telephone Number	
Enclosed is a check for the	he 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)	
MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tyche Livia	g, LLC	
A Florid	lik Company as it now appears on our reco da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Florida document number		14 and assigned
TOTAL document number FTT OSO 10 FA	<i></i> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
N/A	· 	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD		
		<u> </u>
		5 8 n
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Training duaress MATT DE ATT OUT OF THE DOM		
	-	
B. If amending the registered agent and/or regi		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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
AMBR	Sutherland, Catline	4249 NW Sand Ave	🗹 Add
		Ft. Lauderdole FL 33319	
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Filing Fee: \$25.00