## 114000184102

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PICK-UP WAIT MAIL
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2020 DEC 15 PM 3: 37
SECRETARY OF STATE

1/26/21

## **COVER LETTER**

TO: Registration Se Division of Cor			
	LIFESTYLES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TAMARA BLACK		
	<u> </u>	Name of Person	
	BOOKKEEPING MAKES	CENTS, LLC	
		Firm/Company	
	2340 LINKS DR		2020 DEC 15 SECRETARY
		Address	- Tall 18
	ORANGE PARK, FL 3200	03	15 F
		City/State and Zip Code	OF STATE 3.37
	TEEHICKS@YAHOO.CO		ω
		to be used for future annual report not	ification)
For further information c	concerning this matter, please c	aii:	
TAMARA BLACK		770 480-8820 at ( )	
Name o	of Person	Area Code Daytin	ne 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)
Mailing Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVELY LIFESTYLES, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  Ciability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/02/14	and assigned
Florida document number L14000184102		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BOOKKEEPING MAKES CENTS, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		2
• •	至	0201
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:	S C C C C C C C C C C C C C C C C C C C	
		<u> </u>
insuming address mill be in 1 out of 1 feet bong	IV RE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name	of the new registered
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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
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			□Remove
			Change
			□Add
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		75	<u>,                                     </u>
Effective date, if other than the date of filing:		(optional)	
(If an effective date is listed, the date must be specific and cannot be prior	to date of filing or more than 9	0 days after filing.) Pursuar	nt to 605.02
Note: If the date inserted in this block does not meet the applic document's effective date on the Department of State's records.	ible statutory filing require	ments, this date will not	i oc iisicu
ne record specifies a delayed effective date, but not an effective ti	me, at 12:01 a.m. on the ca	urlier of: (b) The 90th d	lay after ti
ord is filed.			
DECEMBER 10. 2020			
Dated DECEMBER 10, 2020	<del>_</del> ·		
TomoraBlack			
Signature of a member or author	rized representative of a mem	iber	