Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		
	L 1440, LLC	·
SUBJECT:	Name of Limited Liability Company	and the state of t
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ndence concerning this matter to the following:	
	Andrew Seiden	
	Name of Person	
	LIVEWELL 1440, LLC	
	Firm/Company	
	1751 SW 105 Lane	
•	Address	
	Davie, FL 3332V	
	City/State and Zip Code	
	andy@livewell1440.com E-mail address: (to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please call:	,
Andrew Seiden	954 465-4567 at ()	
· Name o	f Person Area Code Daytime	Telephone Number
Enclosed is a check for t	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVEWELL 1440, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 30, 2015 and assigned Florida document number L15000055476 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) 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 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 rerson(s) authorized to manage, enter the title, name, and address of each person peing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lori Lynn	32885 Shadowbrook Drive	■ Add
		Solon, OH 44139	□ Remove
			☐ Change
AMBR	Adam August	716 NE 3rd Ave	Add
		Ft. Lauderdale, FL 33304	■ Remove
			□ Change
			Add
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Factive data if other than the dat	te of filing:	(onti	anai)	
Tective date, if other than the date an effective 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 the date inserted in this block becument's effective date on the Depar	does not meet the applicable statu tment of State's records.	tory filing requirements, this	s date will not be liste	:d as
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record specifies a delayed ef	fective date, but not an eff	ective time, at 12:01 a	a.m. of the earlie	er of
The 90th day after the record	is filed.	court currey of 12.01	AH.	
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May 11	2015		% 2 ∞	
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Page 3 of 3

Filing Fee: \$25.00