

L15000069869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

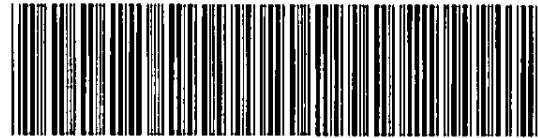
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000305815080

11/21/17--01015--016 **30.00

FILED
17 NOV 20 AM 10:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

NOV 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVE CREATIVE 8 COMMUNICATIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Isis Isabel
Name of Person

H & I TAX Investment
Firm Company

1860 N Pine Island RD Suite 109
Address

Plantation FL 33322
City State and Zip Code

ISISTAX@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isis Isabel at (954) 6005801
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
2601 Executive Center Circle
Tallahassee, FL 32301

NO \$

2017 NOV -6 PM 4:56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2017

ISIS ISABEL
1860 N PINE ISLAND RD, SUITE 109
PLANTATION, FL 33322

SUBJECT: LIVE CREATIVE & COMMUNICATIONS, LLC
Ref. Number: L15000069869

We have received your document for LIVE CREATIVE & COMMUNICATIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00022528

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIVE CREATIVE 8 COMMUNICATIONS 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 04/21/2015 and assigned Florida document number L15000069869.

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 "LLC."

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

_____, 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

FILED
NOV 20 4:10:43
STATE
TREASURER
FLORIDA

MGR = Manager
AMBR = Authorized Member

Page 2 of 3

12. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADD :

Maecelo Spotoewo

2030 S Ocean Dr Apt #801

Hallandale Beach FL 33009

E. Effective date, if other than the date of filing: 08-15-2017 (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

08-15-2017

Signature of a member or authorized representative of a member

JENY Petit

Typed or printed name of signer

FILED
17 NOV 20 AM 10:43
DEPT OF STATE
HALLANDALE BEACH, FLORIDA