

L15 0000 88733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

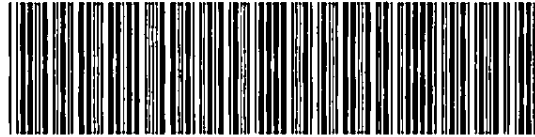
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/21--01042--002 **25.00

2021 MAR 15 PM 2:12

10/29/2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 22 PM 1:12

May 6, 2021

CHELSEA AKS
145 VINTAGEISLE LN.
PALM BCH GARDENS, FL 33418

SUBJECT: CHELSEA AKS DESIGN, LLC.
Ref. Number: L15000088733

We have received your document for CHELSEA AKS DESIGN, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P17000011875.

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) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 921A00009445

**TO
ARTICLES OF ORGANIZATION
OF**

CHELSEA AKS DESIGN 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 02/24/21 and assigned Florida document number L15000088733.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIVE YOUR WILD LLC

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)

145 VINTAGEISLE LN.

PALM BEACH GARDENS, FL 33418

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

145 VINTAGEISLE LN.

PALM BEACH GARDENS, FL 33418

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:

145 VINTAGEISLE LN.

Enter Florida street address

PALM BEACH GARDENS

City

Florida 33418

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 the record, please enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
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