

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVES INVESTMENTS. LLC

DIGJAN IS PM 1: 40 Secretary of state Llahassee, florib

والأدائل أأوامد بكافيتك فسيطمانها فالاستهام والواد ووجووكه والأ	erito con il periori improprimenti proprimenti i periori di con il constituto di const
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TORTARY OF STATE

JAN 19 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lives Investments, LLC			
(Name of the Lim	ited Lizbility Company as it now appears (A Florida Limited Liability Company)	n on our records.)	
nc Articles of Organization for this Limited I orida document number L15000138966	Liability Company were filed on 08/	73/2015 and assigned	
nis amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name o	of the limited liability company he	<u>re</u> :	
/A			
e new name must be distinguishable and contain the	words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable;			
	~ 0.0		
<u> Mailing address MAY BE A POST OFFICE</u>	<u>(BOX)</u>		
gistered agent and/or the new registered of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
w Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as register ovisions of all statutes relative to the projecept the obligations of my position as register the obligations of my position as registing filed to merely reflect a change in the impany has been notified in writing of this	per and complete performance of i distered agent as provided for in C registered office address, I hereb	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is	
	If Changing Registered Age	ent, Signature of New Recordered 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

Title	<u>Name</u>	Address	Type of Action
	N/A		□ Add
			□ Change
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	Page 2 of		
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ARTICLE IV-MANAGEMENT

THE ENTITY SHALL BE MANAGE BY A MANAGER OR MANAGERS IN ACCORDANCE WITH THE ARTICLES OF ORGANIZATION, THE OPERATING AGREEMENT, THE REGULATION ADOPTED BY THE MEMBERS FOR THE MANAGEMENT OF THE BUSINESS AND THE ORDINARY AND CUSTOMARY AFFAIRS OF

THE REGULATIONS AND THE OPERATING AGREEMENT, IF ANY, SHALL DETERMINE THE MANNER IN WHICH SUCH THE MANAGER (S) ARE ELECTED AND APPOINTED, AND MAY CONTAIN ANY PROVISIONS FOR THE REGULATION AND MANAGEMENT OF THE AFFAIRS OF THE COMPANY NOT INCONSISTENT WITH THE LAW OR THESE ARTICLES OF ORGANIZATION. THE NAME AND ADDRESS OF THE INITIAL MANAGER OF THE COMPANY IS:

EDGAR ESCOBAR

51%

15741 SW 24TH STREET MIRAMAR, FL 33027

LINA MARIA ARANGO

49%

15741 SW 24TH STREET MIRAMAR, FL 33027

2016 JAN 15 A 9 23
SEPRETARY OF STATE
ASSEEL FLORIDA

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n effective date in listed, the date must te: If the date inserted in this bloomout's effective date on the Do	ock does not meet the applicable statutory filing respectment of State's records.	
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