## L15666 199119

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FEB 02 2016 J SHIVERS

## **COVER LETTER**

SUBJECT:	EATZLIVE, L	LC.		
30bJEC1		ed Liability Company		_
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	LIN		IAN	<del></del>
		Name of Person		
	EA	TZLIVE, L.	LC	
	Seturn all correspondence concerning this matter to the following:    LINDA SHERMAN     Name of Person			
	1241	BROOKE VI	IEW DRIVE	<u> </u>
		Address		
	ODI	ESSA, FLA.	33556	
	linda	City/State and Zip Code  EAT 2 LIVE:	LLOVE. CON	<u>)</u>
			port notification)	
For further information	concerning this matter, please ca		F 47 00	~~
LINDA	SHERMAN	at (404)	54 1-90	رد 
Name	of Person	Area Code	Daytime Telephone Nu	mber
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 enclo	Cert (sed) Cert	0 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

EATZLIVE	E, LLC			
( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appeal lability Company)	rs on our records.)	-	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 15000 199119</u> .	were filed on	11-25-15	and assig	gned
This amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liability company here:  enew name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC"  there new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  failing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  City  City  Florida  City  Florida  City  City  Florida  City  C				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the o	designation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<del></del>
		<u></u>		
	mber L   SDDD   99119    ubmitted to amend the following:  me, enter the new name of the limited liability company here:  istinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  I offices address, if applicable:  AY BE A STREET ADDRESS)  address, if applicable:  AY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new d/or the new registered office address here:  ew Registered Agent:  tered Office Address:  Enter Florida street address  Florida  Giy			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
registered agent and/or the new registered office address here		ı our records, <u>ente</u>	er the name o	of the new
			16 1936	
New Registered Office Address:	Enter Flo		FEB - I	E To Final Conference of the C
	City		Zip Code	A Tong
New Registered Agent's Signature, if changing Registered Agent:			70 21 <b>36</b>	Character Co.
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 provided for in (	f my duties, and I at Chapter 605, F.S. C	rfamiliar witt Dr. if this docu	n and ment is

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 Type of Action **Address** Title <u>Name</u> 1241 BROOKE VIEW DRIVE GENE M. VASS MGR ODESSA, FLA. 33556 □ Add 1241 BROOKE VIEW DRIVE ODESSA, FLA. 33556 Remove Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add ☐ Remove □ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00