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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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DIVISION OF CORPORATIONS

O SIMMONS OCT 28 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Livin	941, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on out ited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Comparing Articles of Organization for this Limited Liability Comparing Comparin	any were filed on 1110	9 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		G CT 27 PM
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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

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 = Man'ager

AMBR = Authorized Member

254 Beacon Harbor Word Title Name **Type of Action** Smith, Reagan ☐ Change AMBR Wells, Madison 5424-81 N.E Palmetto, Fl 3422 ☐ Change □ Add Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove

Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effe	ve date, if other than the date of filing:	(3) the
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.	::
Dated_	10/20 ,2016.	
	Signature of a member or authorized representative of a member	
	Leshe Bwells	
	Typed or printed name of signee	

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Filing Fee: \$25.00