## 116000081876

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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Office Use Only



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07/30/18--01024--015 \*\*52.50

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August 7, 2018

TAMMY MILLER LIVE SMART STARY YOUNG, LLC 333 S TAMIAMI TRAIL STE 205 VENICE, FL 34285

SUBJECT: LIVE SMART START YOUNG, LLC

Ref. Number: L16000082876

We have received your document for LIVE SMART START YOUNG, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

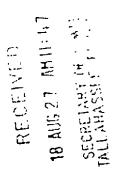
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 118A00016262

ser enclosed





## **COVER LETTER**

	istration Se ision of Cor			
SUBJECT:	LIVE	SMART START Name of Limit	YOUNG, LLC ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		TAMMY D.	Name of Person	
		MPS. Deve	ELOPMENT & CON Firm Company	NST. LLC
		333 5. 7	TAMIAMI TRAIC	# 205 F
		Venice F	City State and Zip Code	
		+dmiler E-mail address: (1	City State and Zip Code  V5903 D Yahoo  to be used for future annual report note:	Com leation 1
For further in	nformation c	oncerning this matter, please ca	ıll:	O2 JAIDA
TAM	My Name o	Miller	at ( <u>944</u> ) <u>539-</u> Area Code Daytime	9530 Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25.00 H	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVE Smart S	Start Young, Li	
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>し</u> 16000 日ま		12/28, 2016 and assigned 17
This amendment is submitted to amend the follow	ing:	3: 02 0RID
A. If amending name, enter the new name of th	he limited liability company here:	72
LGF DEVELOPMENT SE	ERVICES, LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO		Z7 PH L S
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the new
Tegasered agent under the account of		
Name of New Registered Agent:	Tammy Miller	
New Registered Office Address:	333 S TAMIAM Enter Florida s	
		. Florida 342 <i>8</i> 5

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.

Thanging 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 = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> Name | □ Add \_□ Remove \_ Change Renare 2 TiChangeo ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove \_□ Add □ Remove

, amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If t	date, if other than the date of filing:	5.0207 (3)(b) ed as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie oth day after the record is filed.	er of:
Dated	8/24/18	
	Signature of a thember or authorized representative of a member	
	Tammy Mille R.  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00