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COVER LETTER

TO: Registration Se Division of Con			
Ambitious	Live LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Lisa Kepics		
	Dicks & Nanton , P.A.	Name of Person	
	520 N Orlando Avenue #2	Firm/Compuny	
	Winter Park, FL 32789	Address	
	lisa@dnagency.com	City/State and Zip Code	
		to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
Lisa Kepics		-407 215-756- at ()	4
Name o	of Person	Area Code Da	viime Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

MAILING ADDRESS: 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

ARTICLES	OF ORGANIZATION OF	18 0 SECR TALLA	
Ambitious Live LLC		OCT 29	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) .imited Liability Company)	29 AM INTERPRETATION	
The Articles of Organization for this Limited Liability Co.	mpany were filed on May 15, 2016	and assigned	. س
Florida document number L16000098299		2 2 E	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u> e	ed liability company here:		
ON Association LLC			
he new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ess)		
			
7			
Enter new mailing address, if applicable:		 	_
Mailing address MAY BE A POST OFFICE BOX)			_
			_
3. If amending the registered agent and/or registered agent and/or the new registered office addre		the name of the	new
· · · · · · · · · · · · · · · · · · ·			
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street address		_
	, Florida _		_
	City	7ip 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Greg Rollett	520 N Orlando Avenue #2 Winter Park, FL 32789	
			■ Remove
			Change
			
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated October 25
Signature of a number or authorized representative of a member
Jack W. Dicks, Esq.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00