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(Re	equestor's Name)	
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COVER LETTER

TO: Registration So Division of Co	ection rporations		
	IYLIVE, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
	DORCAS TROCHE		
		Name of Person	-
	RCG ACCOUNTING & A	SSOCIATES, INC.	2 2 2
		Firm/Company	72 T
	9000 SHERIDAN STREE	T SUITE 138	TET I
		Address	
	PEMBROKE PINES, FL	33024	
		City/State and Zip Code	
	DORCAS@RCGACCOUN		
		to be used for future annual report noti	ncanon)
For further information	concerning this matter, please c		
DORCAS TROCHE		954 862-2222 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registratior		Street Address: Registration Se	ction
	Corporations	Division of Co	rporations
P.O. Box 61 Tallahassee		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability BARUJMYLIFE, LLC he new name must be distinguishable and contain the words "Limited Liability on ter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:	e filed on 2/7/2017 company here: company," the designation "L	and assign
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability BARUJMYLIFE, LLC he new name must be distinguishable and contain the words "Limited Liability on ter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:	company here: Company," the designation "L 85 NW 165 AVENUE	LC" or the abbreviation "L.L.C
his amendment is submitted to amend the following: If amending name, enter the new name of the limited liability BARUJMYLIFE, LLC he new name must be distinguishable and contain the words "Limited Liability Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:	ompany," the designation "L	3028 LET L
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent.		
BARUJMYLIFE, LLC the new name must be distinguishable and contain the words "Limited Liability Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable:	ompany," the designation "L	3028 LET L
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:	85 NW 165 AVENUE	3028 LET L
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:	85 NW 165 AVENUE	3028 LET L
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:		1 1
Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable:	EMBROKE PINES, FL 3	1 1
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Mailing address MAY BE A POST OFFICE BOX) —		
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gent and/or the new registered office address here:	ess on our records, <u>ent</u>	er the name of the new re
Name of New Registered Agent:		
New Registered Office Address:	P Pl. 1	
	Enter Florida street add	ress
		FloridaZip Code
ew Registered Agent's Signature, if changing Registered Agent:	City	хір Соае

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	IRMA M RODRIGUEZ	PO BOX 278624	□Add
		MIRAMAR, FL 33027	■Remove
			Change
AMBR	TATIANA VANESSA RAMOS	985 NW 165 AVENUE	🗏 Add
		PEMBROKE PINES, FL 33028	□Remove
			2021 SULL
			A Add Ph Add SEE ST BRemove
			ATE ATE
			□ Change
	-		□Remove
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Note:	tive date, if other than the da Tective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	c does not meet the ap	plicable statutory t	r more than 90 days after ling requirements, thi	onal) r filing.) Pursu s date will n	ant to 605.01 ot be listed	207 (3) as the
the reco cord is f	rd specifies a delayed effective d iled.	ate, but not an effecti	ve time, at 12:01 a.	m. on the earlier of: (b) The 90th	day after tl	he
Dated		. 2021					
	1-7-1700						
	Sign	gnature of a member or	authorized representa	tive of a member			

Filing Fee: \$25.00