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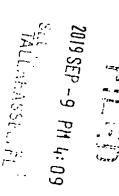
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COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Live Miara, LLC Name of Lin	mited Liability Company	
The enclosed Articles of Amendment and fec(s) are su Please return all correspondence concerning this matte		
	Ship Tinkey Name of Person	
	Name of Person Z	
	Lodge Cir #106	
Jacksonville	FL 32256 City/State and Zip Code	
	Mail. cam	fication)
For further information concerning this matter, please Avid Wight Tipker Name of Person	eall: at (<u>202</u>) <u>は07円は0</u> Area Code Daytime	08 e Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 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)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURI Registration Section Division of Corpor	n

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Live Miara. LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>し1つ000%(613</u>]	ny were filed on 4 19 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The Cleaning Company of Ja The new name must be distinguishable and containable words "Limited Lic	ckConville, LLC ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2019 SEP
Enter new mailing address, if applicable:	(A) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C
(Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————
., ., ., .,	office address on our records, enter the name of the r
registered agent and/or the new registered office address h	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:

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 addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AULDR_	Ariel Wight Tinker	Moss Deer Lodge Cir H	TÇ(t □ Add
	J	Jacksonville Fl 32256	
			Change
CED	Ariel Wright Tinker	7035 Deer Lodge (ir	, □ Add
	3	H106	Remove
		Jacksonville FL 3225	6 of Change
			□ Remove
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(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of: 90th day after the record is filed.
Dated _.	September 4th, 2019. Schature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ariel Wright Tinker Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00