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COVER LETTER

ACTLIV WEAR, LLC SUBJECT: The enclosed Articles of Amendment and Please return all correspondence concerni Roberto Goi		
Please return all correspondence concerni	f fee(s) are submitted for filing.	
Please return all correspondence concerni		
	ing this matter to the following:	
Roberto Goi		
	nzalez Jr	
	Name of Person	
	Firm/Company	
13504 S.W.	.73RD TER.	
	Address	
MIAMI, FL		
	City/State and Zip Code od@gmail.com	
For further information concerning this m	E-mail address: (to be used for future annual)	report notification)
Roberto Gonzalez Jr		3-5679
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the following arms	ount:	
\$25.00 Filing Fee	ting Fee & S55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &

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

ACTLIV WEAR, LLC

company has been notified in writing of this change.

REED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Con		2899 APR 30	AII:朝
The Articles of Organization for this Limited Liability Cor	npany were filed on $\frac{0}{1}$	10/2017	and assigned
Florida document number 1.17000153943	· .	ALLAHABBEE	, Flowda
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :	
Word About Food, LLC			
The new name must be distinguishable and contain the words "Limite	d Liability Company," the de	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or register		our records, <u>ei</u>	iter the name of the new
registered agent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	·	·	
New Registered Office Address:			
New Registered Office Address.	Enter Flori	da street address	
	City	, Florid	R Zip Code
			Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signatu	lgent:		
I hereby accept the appointment as registered agent an			
provisions of all statutes relative to the proper and com			
accept the obligations of my position as registered agei	nt as provided for in Cl	hapter 605, F.S.	Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			Remove
		 	Change
			□ Add
			□ Remove
			☐ Change
		•	□ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

. 11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	April 25th. 2019. Signature of a member of authorized representative of a member
	Roberto Gonzalez Jr Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00