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COVER LETTER

	gistration Section of Corp						
SUBJECT:	Living a Li	fe of Love LLC					
		Name of Limi	ted Liability Company				
The enclose	d Articles of a	Amendment and fee(s) are subt	mitted for filing.				
Please return	n all correspo	ndence concerning this matter	to the following:				
			Stephanie Jean Baptiste				
			Name of Person	······································			
			Living a Life of Love LLC				
			Firm/Company				
			2520 NW 30th Way				
			Address				
			Ft. Lauderdale , 33311 City/State and Zip Code				
		O)					
		E-mail address: (1	anie JBO gmail. to be used for future annotal report notit	ication)			
For further i	information co	oncerning this matter, please ea	all:				
Stephanie Jean Baptiste		ean Baptiste	at (<u>.786</u>) <u>553-1492</u>				
Name of Person			Area Code Daytime Telephone Number				
Enclosed is	a check for th	ne 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)			

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

Living a Life o	f Love LLC				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)			
(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					
The Articles of Organization for this Limited Liability Compan	y were filed on	September 06, 2017	and assigned		
Florida document number <u>L17000189692</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company h	<u>ere</u> :			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:					
			E B T		
			58 P E		
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			THE PROPERTY OF THE NAME OF THE NEW		
			5		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		n our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
		, Florida	Zip Code		
	City		zip Coae		
New Registered Agent's Signature, if changing Registered Agent	<u>ı:</u>				

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>	<u>Address</u>	Type of Action
MGR	Louise F. Jean Baptiste	133 NW 41st Street Miami, FL 33127	⊠ Add
			Remove
			Change
MGR	Edlaure Barbosa	898 E River Drive Margate, FL 33063	⊠ Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
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			Change
			Remove
			□ Change

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Tective date, if	other than the	date of filing	g:		1	(optional)		
an effective date is	listed, the date mu	st be specific and	l cannot be prior	to date of filing o	or more than 90 day iling requirement	s after filing.) Pr	irsuant to 605. Il not be liste	0207 d.as
ocument's effecti	ve date on the D	epartment of S	itate's records	dole statutory i	mig requirement	s, tins tate wi	ii not be liste	u us
record speci	fies a delaye	d effective d	late, but no	t an effectiv	e time, at 12:	01 a.m. on	the earlie	er of
The 90th day	after the red	ord is filed.						
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	1/	Vonde IK	a lap	ule	tive of a member			
		Signature of a r	member or futh	orizea representa	tive of a member			

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Filing Fee: \$25.00