LITOCCIAIS 34

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
L.		





500311317465

04/02/18-+01040--002 **25.00

ء حداد ا

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: LIVE	T Properties	S LLC aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lacogius M	Richardson Name of Person	
		Firm/Company	
	11261 NE	109th PL Address	
	Archer, FL	32618 City/State and Zip Code	
	Marguisrealt	Address List City/State and Zip Code City/St	
For further information c	oncerning this matter, please co		
Laconius Marg	uis Richardson f Person	at (<u>35Z</u>) <u>682</u> Area Code Daytime	<u> </u>
Enclosed is a check for th	ne following amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

LIVET Properties U	_C		_
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our record</u> liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number $9/18/17$.	were filed on <u>9/13/17</u>	and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi			
Laconios Narquis Richardson L. The new name must be distinguishable and contain the words "Limited Liabil	L. C.		
Enter new principal offices address, if applicable:	1126 NE 109	$\hat{}$	"L.C.C."
(Principal office address MUST BE A STREET ADDRESS)	Archer, FL	32618	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		: 2	t
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the nam	ne of the ne
Name of New Registered Agent:		. <u>.</u>	<u>.</u>
New Registered Office Address:	Enter Florida street address	\	
	, Flo	orida	
	City	Zip Coc	le

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
			Remove
		 	☐ Change
			Remove
			Change
			Add
		□ Remove	
			☐ Change
		Add •	
			☐ Remove
			☐ Change
			Add
		□ Remove	
			☐ Change
			Add
			☐ Remove
			□ Change

	•		
_			
_			

_			
_			
_			
_			
-			
_			
_			
_			
•			
_	-		
_		= 1	,
_			· .
		٦.	
_		·	
ffectiv	we date, if other than the date of filing: $\frac{\sqrt{2018}}{\sqrt{2018}}$ (optional)	: 	
'an effe <u>(ote:</u> -l	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put if the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlie	er of:
Dated _			
zaicu _			
	Signature of a myster or authorized representative of a member		
	Signature of a myther or authorized representative of a member Laconus Marguis Richardson Typed or printed pages of signer		

Page 3 of 3

Filing Fee: \$25.00