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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Cor	porations		
LIV N' FD	Y, LLC		
SUBJECT:			
		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ALEXANDER J. BLACK	STONE	
		Name of Person	
	LIV N' FLY, LLC		
		Firm/Company	
	501 S. Moody Ave Unit 1	129A	
		Address	
	Tampa, FL 33609		
	info@livnfly.com	City/State and Zip Code	-
	E-mail address: (t	to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	all:	
Alexander Blackstone		813 380-9890	
Name of	Person	at () Area Code Daytime `	Telephone Number
Enclosed is a check for th	e 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

TO:

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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on and assigne
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	<u> </u>
	<u></u>
Enter new mailing address, if applicable:	501 S. Mardy - Ame IT
Mailing address MAY BE A POST OFFICE BOX)	Unit 1129 A 5
	Tampa, FL 33609 5
	6D
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
egistered agent under the new registered office address here.	
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 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 Actio
AMBR	KAREEM B YOUNG	PO Box 173056 - Add
		Tampa, FL 33672 ■ Remove
AMBR	MIT PATEL	Change
	——·	2106 W Brandon Blod Add
		2106 W Brandon Blvd. □ Add Brandon FL 33511 ■ Remove
		Change
		Remove Grange Control Contr
		Add Ti
		Change
		Remove
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Filing Fee: \$25.00