## 117000241333

(Daniel de Name)	_
(Requestor's Name)	
(Address)	
(Address)	_
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## **COVER LETTER**

Division of Co			
SUBJECT:	Lyka Lyfe Name of Limi	ESHLE, LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
		Shley Curtiss Name of Person	
		Firm/Company	
	<u>279</u>	reston G	<del></del>
	Boca R	Address aton (C. 3354	/34.
	Curtiss. F	City/State and Zip Code  Shele I I Coma, o be used for future annual report noti	1.Com
For further information	concerning this matter, please ca		
A Shlay Name	Curtiss of Person		-5/12 e Telephone Number
Enclosed is a check for t	the 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)
Regist Divisi	ING ADDRESS: tration Section on of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYKA LYFES	TY/E IL	<i>LC</i>	
(Name of the Limited Liabilité Company (A Florida Limited Lia	as it how appears on o bility Company)	,	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L17000341333</u> .	ere filed on	11/22/2017 and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	· Company," the designa	ation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		<del></del>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			- <del></del>
	Enter Florida street address  Eliability company." the designation "LLC" of the abbreviation "L.L.C."    Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "LLC" of the abbreviation "L.L.C."   Company." the designation "L.L.C." of the abbreviation		
Enter new mailing address, if applicable:		<del></del>	04800 1404 1717
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
registered agent and/or the new registered office address here:	ce address on our	records, enter the name	e of the nev
Name of New Registered Agent:		<u>-</u>	
New Registered Office Address:	Enter Florida st	raot addrass	
	Time T Ko television		
<del></del>	City		e
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as prheing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my a ovided for in Chapi	luties, and I am familiar w ter 605, F.S. Or, if this do	ith and cument is

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
MGR	Ashley Curtiss	279 Preston G. Doca Raton. 9.33434	<b>⊠</b> _∧dd
		Doca Raton. 9.33+3+	□ Remove
			Change
AMBR_	Emmanuel Menelus	279 Preston G.	ØAdd
		Boca Raton, F1. 3343	Remove
			Change
			Add
			Remove
			Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of tote:  If the date inserted in this block does not meet the applicable statu ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01 a.m. on the ea	ırlier o
ated August 10 2018  Osll J. II		
		-
Signature of a member or authorized repr	resentative of a member	

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Filing Fee: \$25.00