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| (Cit | ty/State/Zip/Phone | e #) |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bu | siness Entity Nar | ne) |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 25 2018

COVER LETTER

| Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: LOVE U Longfime LLC. Name of Limited Liability Company | | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Melissa Winslow Naine of Person Love U Longtime Frank/Company 4451 Orangebrook dr Address Orl, FL 32810 City/State and Zip Code CVazianly 420 @ smad com | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Melissa Winslow at (407), 234 0364 Name of Person Area Code Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc | | | | | |

MAILING ADDRESS:

TO:

Registration Section

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 as it now appears on our records.) (A Florida Limited Liability Company) |
|---|
| The Articles of Organization for this Limited Liability Company were filed on March 12,2018 and assigned Florida document number <u>U800063491</u> . |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Del City Florida 32810 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 = N $AMBR = A$ | Aanager Authorized Member | | |
|--------------------|------------------------------|--------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| CEO | April Durkee | 2841 Staten Dr. | |
| | , | 2841 Staten Dr. Deltona, FL 32738 | Remove |
| | | | Change |
| | | | □ Add |
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| D. If,am | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|-------------------------|---|-----------------|
| · | I put April Durkee on as partner | _ |
| • | not understanding she doesn't want | |
| - | to be partners So EVERYThing is going | • |
| - | | • |
| | to be in my name. She will no longer have | - |
| | anything to do with it. | - |
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| (If an e Note | ctive 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 earli ne 90th day after the record is filed. | er of: |
| Date | d April 20, 2018. | |
| | Signature of a member of authorized representative of a member | |
| | Melissa D. Winslow | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00