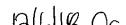


(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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12/03/18--01021--004 **30.00



COVER LETTER

TO: Registration So Division of Co		r		
	nthony Building Services, LLC			
SUBJECT:	Name of Lim	ited 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:		
	Leah A. Boitano			r-7
	· ····································	Name of Person		29 20 20 20 20 20 20 20 20 20 20 20 20 20 20 2
	Lifestyle Leverages, LLC.			
		Firm/Company		i i
	7236 Pennsylvania Ave.			· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	Address		<u>.</u>
	Sarasota, FL 34243			.i. —
	Michaelhoy07@gmail.com;	City/State and Zip Code Lifestyleleverages@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)	
For further information of	concerning this matter, please co	all:		
Leah A. Boitano		941 228-9345 at ()		- -
Name o	of Person	Area Code Daytimo	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25,00 Filing Fee	Certificate of Status Certified Copy Contadditional copy is enclosed; Contadditional copy is enclosed.		☐ \$60.00 Filing F Certificate of Certified Copy (additional copy)	Status & v
	ING ADDRESS: ration Section	STREET/COURI Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Anthony Building Service			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)	
The Articles of Organization for this Limited I	Liability Company were file	ed on 04/30/2018	and assigned
lorida document number L18000107064	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability com	pany here:	
			÷ 3
ne new name must be distinguishable and contain the	words "Limited Liability Compan	ny," the designation "LLC" or the	abbreviation;"L.L.C."
nter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE			,-
unurchy BB711 05. 0. 1. 10			
	-		
. If amending the registered agent and egistered agent and/or the new registered of		ress on our records, <u>ent</u>	er the name of the no
Name of New Registered Agent:	Leah A. Boitano		
New Registered Office Address:	7236 Pennsylvania Ave.		
new negistered Office rightess.		Enter Florida street address	
	Sarasota	, Florida	34243
	City	, - 1771	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>	<u>Address</u>	Type of Action
AMBR	Aaron Grasty	7236 Pennsylvania Ave. Sarasota, FL 34243	_ ≘ Aðd
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
AMBR	Daniel J. Hoy	7236 Pennsylvania Ave. Sarasota, FL 34243	■ Add
			☐ Remove
			 Change
			□ Add
			Remove
			□ Change
			□ Add
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		-	☐ Change
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		- 11	Add
			□ Remove
			Change

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		T11 FF2 F44			·	-	
							
		05/04/2	10.10				
Effective date lif other th	an the date of	()5/04/] filing:			(ontional)		
Effective date, if other that an effective date is listed, the	date must be spec	ific and cannot be	prior to date of f	iling or more than 90	days after filing.) Pursuant 1	ი 605.0207
Note: If the date inserted is	a this block does	s not meet the ap	oplicable statut	ory filing requiren	nents, this date	will not b	e listed as
document's effective date of	n the Departme	nt of State's rec	oras.				
ne record specifies a d			t not an effe	ective time, at	12:01 a.m.	on the e	earlier of
The 90th day after t	ne recora is i	nea.					
November 23		2018					
Dated		,					
	11-	1					
	Kieli A	Dot	a				_
	Mgnatur	e of a member or	authorized repre	sentative of a memb	er		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00