118000188692

(Re	questor's Name)	
(Ad	dress)	<u>·</u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	-
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900319193699

10/16/18--01021--022 **60.00

RTOFIVED OCT 15 203

ZOUROCT 15 AM IO: 18
SERVEY OF STATE
TALLAMASSEE PATE

25.23.18 d

. COVER LETTER

ro:	Registration Sec Division of Corp		;	
SUBJEC	EasyLiving	Properties_LC		
SUBJE	↓1; <u> </u>	Name of Limit	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		AmandaHarrison		
			Name of Person	
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: AmandaHarrison Name of Person EasyLiving PropertiesLLC Firm/Company 759020th St N Address St PetersburgFL 33702 City/State and Zip Code mandyjoy87@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (727) 564-4644 The of Person The following amount: The following amount:		
			Firm/Company	
		759020th St N		
			Address	
		St PetersburgFL 33702		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Amano	daHarrison		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5,00 Filing Fee		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

FILED

2018 OCT 15 AM 10: 18

EasyLiving Properties.LC

(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 7 August 2018 and assigned	
Florida document number L18000188692		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	430135th TerraceN	
Principal office address MUST BE A STREET ADDRES	St PetersburgFL 33713	
Enter new mailing address, if applicable:	430135th TerraceN	
(Mailing address MAY BE A POST OFFICE BOX)	St PetersburgFL 33713	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new	
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>	<u>Address</u>	Type of Action
			□ Remove
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			☐ Change

				<u> </u>
				
			 	
				
_			<u> </u>	
	<u> </u>			
 				
			•	ь
ffective date, if other t	than the date of filing: c date must be specific and cann	yet he prior to date of filin	option (option)	1 81) ling) Pursuant to 605.0207
an effective date is listed, to lote: If the date inserted	in this block does not meet	the applicable statutory	filing requirements, this of	late will not be listed as
ocument's effective date	on the Department of State	s records.		
e record specifies a	delayed effective date	, but not an effect	ive time, at 12:01 a.	m. on the earlier of
The 90th day after	the record is filed.			
	•	040		
ated		018 ·		
	1 - /			
1	1 -1 +/2	nzon		
ma	inder / /ww	ber or authorized represe	And a Carrows	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00