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COVER LETTER

Div	ision of Corp	oorations			
SUBJECT:	LIVEITLIN	/E LLC			
SOBJECT.		Name of Lin	nited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		SANDRA LONDONO			
			Name of Person		
	MONEY TRUST INCOMETAXES				
	12211 SW 132ND CT				
					
		MIAMI, FL 33186			
			City/State and Zip Code		
		SANDRA@MONEYTRUS		<u> </u>	
			(to be used for future annual report notification)	(1)	
For further in	iformation co	ncerning this matter, please c	rall:		
SANDRA L	ONDONO		305 2512121 at ()		
	Name of	Person	Area Code Daytime Telepho	one Number 3: C1	
Enclosed is a	check for the	: following amount:			
■ \$25.00 F	iling 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)	

TO:

Registration Section

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVE IT LIVE LLC (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 $\frac{09/14/2018}{1}$ and assigned Florida document number L18000214907 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/ The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: Enter Florida street address

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
MGR	CARLOS ARBOLEDA	7389 SW 162CT	
		MIAMI, FL 33193	■Remove
MGR	MARTHA ARBOLEDA	7389 SW 162CT	□Add
		MIAMI, FL 33193	≣Remove
			□ Change
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, FEBRUARY 16		2022						
ted		a member or auth	·					

Filing Fee: \$25.00