

118000215666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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And

R. WHITE
NOV 19 2018

SECRETARY OF STATE
TALLAHASSEE, FL

2018 NOV -2 AM 11:19

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AU Around Lifestyles, 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:

Mario Girard Romeo
Name of Person

Firm/Company

11226 NW 43rd Court
Address

Coral Springs FL 33065
City/State and Zip Code

gmaio500@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mario Girard Romeo at (954) 278-4286
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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 **FILED**
OF

2018 NOV -2 AM 11:19

All Around Lifestyles, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/11/2018 and assigned
Florida document number L18000215666

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11226 NW 43rd Court
Coral Springs FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11226 NW 43rd Court
Coral Springs FL 33065

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:

Mario Girard Romeero

New Registered Office Address:

11226 NW 43rd Court

Enter Florida street address

Coral Springs, Florida 33065

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>	<u>Type of Action</u>
<u>P</u>	<u>Ihana S. Lewis</u>	<u>2417 Sundy Ave</u>	<input type="checkbox"/> Add
		<u>Delry Beach FL 33444</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>P</u>	<u>Mario Girard Romeo</u>	<u>11226 NW 43rd Ct.</u>	<input checked="" type="checkbox"/> Add
		<u>Coral Springs FL 33065</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 18, 2018

Thans Li

Signature of a member or authorized representative of a member

Ilana S. Lewis

Typed or printed name of signer