

18000270721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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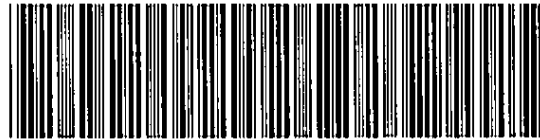
(Business Entity Name)

(Document Number)

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2019 APR 16 PM 6:16
CLERK OF COURT
TALLAHASSEE, FL

R. WHITE
APR 24 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Livingston Place 2018, 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:

LaShawn Strachan, Esquire

Name of Person

Law Office of LaShawn Strachan, PA

Firm/Company

5118 N. 56 Street, Suite 113

Address

Tampa, FL 33610

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LaShawn Strachan

813 606-4111
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

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**

FILE
2019 FEB 16 PM -

Livingston Place 2018 LLC

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

ARY
HASS:

The Articles of Organization for this Limited Liability Company were filed on November 20, 2018 and assigned
Florida document number L18000270721.

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) _____

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

_____, **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>	<u>Type of Action</u>
MGR	Tyrone Walker	5118 N. 56 Street, Suite 111	<input type="checkbox"/> Add
		Tampa, FL 33610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Michelle Walker	5118 N. 56 Street, Suite 111	<input type="checkbox"/> Add
		Tampa, FL 33610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Miracles Outreach and Community Development Center, Inc.	5118 N. 56 Street, Suite 111	<input checked="" type="checkbox"/> Add
		Tampa, FL 33610	<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.)

Add: ARTICLE VI: This is a single member limited liability corporation.

Add: ARTICLE VII: This corporation is organized exclusively for charitable, religious, literary,

educational and scientific purposes, as those terms are defined in section 501(c)3 of the Internal

Revenue Code, or corresponding section of any future tax code.

E. Effective date, if other than the date of filing: April 10, 2019 (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 April 10, 2019.

Michelle E Walker

Signature of a member or authorized representative of a member

Michelle Walker, Authorized Rep of Member

Typed or printed name of signee