48000274920

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COVER LETTER

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Division of Corporations

SUBJECT:

LIVINGLEGENDE LC

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:

ALFREDO S. PENA

Name of Person

LIVINGLEGENDE LCC

Firm/Company

TOIS W 3 PD CT

Address

HIALE A-H FLOREDA 33014

City/State and Zip Code

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

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

ALFREDOS PENA

\$25.00 Filing Fee

TO:

Registration Section

☐ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

at (305) 846 - 0336.

Area Code Daytime Telephone Number

□ \$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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVINGLE	GENDZ LLC	· -		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comparing Florida document number 118000274920 This amendment is submitted to amend the following:		11/28/2018	_ and ass	igned
This alteriation is satisfice to alteria the following.				
A. If amending name, enter the new name of the limited I	iability company her	<u>æ</u> :		
LIVINLEGENDZIIC				,
The new name must be distinguishable and contain the words "Limited I.	iability Company," the de-	signation "LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:		· .	~i:	
(Principal office address MUST BE A STREET ADDRESS	<u></u>		-	1.
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Enter new mailing address, if applicable:				7
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(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		our records, <u>enter th</u>	<u>e name</u>	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	la 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>	Name	Address	Type of Action
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Filing Fee: \$25.00