## L18000275471

(Address) (Address)	60034C	357866
(City/State/Zip/Phone #)		
(Business Entity Name) (Document Number)	62/07/20	9 <b>1009</b> 016 ++35
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TO: Registration Section Division of Corporations

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SUBJECT: LIVE IT UP LIFE FOREVER U.C. 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:

Marte Rivero Name of Person LIVE IT UP LIFE Forever LLC. Firm/Company 1925 5 4th AU \$2 Address Haleah Pz 33010 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

 at (\_\_\_\_)

 Name of Person

 Area Code
 Daytime Telephone Number

 Enclosed is a check for the following amount:

 S25.00 Filing Fee
 \$\$30.00 Filing Fee &

 Certificate of Status
 Certified Copy

 Certified Copy
 Certified Copy

 tadditional copy is enclosed)
 Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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 UP LIFE FOREVE (Name of the Limited Liability Comp (A Florida Limited	PLLC pany as it now appears on o	ur records.)	
(A Florida Limited	d Liability Company)		
The Articles of Organization for this Limited Liability Compares $1 + 900023$ $\pi (20)$	iy were filed onl	1)28) 2018 and ass	signed
Florida document number $18000275471$			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	ubility company here:		
N/A			
$\mathcal{W}/A$ The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	tion "ELC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	₩/A		
Principal office address MUST BE A STREET ADDRESS)			
		2070 FEB	
		. FE	
Enter new mailing address, if applicable:		8	
			-7
<u>Mailing address MAY BE A POST OFFICE BOX)</u>			 
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	-	い コ W registeree
Name of New Registered Agent:			<u>.                                </u>
New Registered Office Address:			
	Enter Florida sti	reet address	
		Florida	
	Cin	, Florida Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>for removed from our records</u>:

MGR = Manager

	uthorized Member <u>Name</u>	Address	Type of Action
<u>Title</u>	Manie		Type of Action
MGR	MAITE RIVERO	1925 E 4th Av = 2 1 holioh	PL ZAdd
			🖾 Remove
			Change
AMBR	LIVE IT UP FOREVER LLC	1925 E 4th AVEZ HAZSAL FL3.	3 <i>∂10</i> □Add
			ZRemove
			□Change
AMBR	LIVE IT UP MUSIC ENTERTAINS	SNTLLL 1925 EAHLANZZ HANSAL PL	<u>33010</u> ⊟Add
			ÆRemove
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			Remove
			Change
			🗆 Add
			🗆 Remove

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

N/A	

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 February 03 2020	
$H_{1}$	
Signature of a member or authorized representative of a member	
Maite Riverd	

Typed or printed name of signee