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SUBJECT:	LIVE BY THE SEA LLC							
SUBJECT		Name of Lim	ited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	SEA LLC Name of Limited Liability Company endment and fee(s) are submitted for filing. nee concerning this matter to the following: Michael D Wild Name of Person WFP Law Firm/Company 1250 S Pine Island Rd, ste 2:10 Address Plantation FI. 33324 City/State and Zip Code nwild@wfplaw.com E-mail address: to be used for future annual report notification) erning this matter, please cals: at () 94'-2855 son					
Please return	all correspo	ondence concerning this matter	to the following:					
		Michael D Wild						
		WFP Law	Name of Person					
		1250 S Pine Island Rd, ste	• •					
		Plantation F1. 33324	Address					
	,	mwild@wfplaw.com	City/State and Zip Code					
For further in	nformetion c	E-mail address: (concerning this matter, please ca	•	otification)				
Michael D W	√ild							
	N:ame o	of Person		ime Telephone Number				
Enclosed is a	check for th	he following amount:						
■ \$25.00 F	iling I se	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy				
	Eegistr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registration Sec Division of Corp Clifton Building 2661 Executive	tion porations : Center Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVE BY THE SEA LLC

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

(A Florida L	imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 12/14/201	8 and assig
Florida document number L18000286880	•	
This amendment is submitted to amend the following:		i
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must 'se distinguishable and contain the words "Limite	d Liability Company." the designati	
Enter new principal offices address, if applicable:		SEP TALES
(Principal office address MUST BE A STREET ADDRE	<u> </u>	AL: OSE
) O
Enter new mailing address, if applicable:	_	
(Mailing address MAY BE A POST OFFICE BOX)		e:
		- 2
registered agent and/or the new registered office addre	ss nere:	
New Registered Office Address:		
	Enter Florida strei	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my du nt as provided for in Chapte	ities, and I am familiar with or 605, F.S. Or, if this docum
	If Changing Registered Agent, <u>Si</u> c	nature of New Registered Agent

<u>Title</u>	Name	Address	Type of A
MGR	Nicole Johnson	279 S TRADEWINDS AVE	
		LAUDERDALE BY THE SEA, FL 33308	B Add
	·	1 1 35300	□ Remov
			□ Change
MGR	Daniela Johnson	279 S TRADEWINDS AVE	" ⊟ Add
		LAUDERDALE BY THE SEA, FL 33308	Remov
			Change
MGRM	Daniela Johnson	279 S TRADEWINDS AVE	
		LAUDERDALE BY THE SEA, FL 33308	Add ■ Remove
		<u></u>	Change
MGRM	Nicole Johnson	279 S TRADEWINDS AVE	
		LAUDERDALE BY THE SEA, FL 33308	■ Remove
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or removed from our records:

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Filing Fee: \$25.00