11000006788

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FILING CANCELLED
DUE TO RETURNED CHECK

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2019 NOV 25 AKII: 47

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COVER LETTER

TO: Registration Section
Division of Corporations

FILING CANCELLED DUE TO RETURNED CHECK

SUBJECT:	Living Your	Best Life Consulting, LLC	_ •_	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Nicole R Barton		
			Name of Person	
		Living Your Best Life Con	sulting, LLC	
			Firm/Company	
		150 Pelican Island Place		
			Address	
		Sebastian, FL 32958		
			City/State and Zip Code	
		barton.nicole81@gmail.com		•
		E-mail address: (to be used for future annual report not	ification)
For further i	nformation co	ncerning this matter, please ca	all:	
Nicole Barto	on		864 556-3164	
	Name of l	Person	at ()	ne Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 l	Filing Fee	S30.00 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)
<u>Ma</u>	iling Address:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

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Living Your Best Life Consulting, LLC		
(Name of the Limited I. (A F	iability Company as it now appears on o forida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil Florida document number L19000006788	ity Company were filed on 1/4/2019	and assigned
This amendment is submitted to amend the following	ng:	
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 designa	ution "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO,	<u></u>	
		7. 2
B. If amending the registered agent and/or regis agent and/or the new registered office address h	tered office address on our recordere:	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	e, e, e	
	Enter Florida sti	reet adaress
-	Cin	, Florida
	City	гар Соае

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

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<u>Title</u>	Name	Address	Type of Action
AR	Sara Sangermano	833 Woodridge Dr.	□Add
		Fort Myers, FL 33910	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			ПRеточе
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

FILING CANCELLED DUE TO RETURNED CHECK Page 2 of 3

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				<u>. </u>	
					
		-			
fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this blo beament's effective date on the De	be specific and cannot be ck does not meet the	e prior to date of applicable state	filing or more than utory filing requir	(optional) 90 days after filing.) Pements, this date w	tursuam to 605,020 ill not be listed as
record specifies a delayed The 90th day after the reco	effective date, b rd is filed.	ut not an efi	fective time, a	t 12:01 a.m. or	n the earlier o
	2019				
November 11	·	<u> </u>			
M:10	· 1	· ·			
M:10	Signature of a member	or authorized rep	resentative of a me	niber	

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Filing Fee: \$25.00