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Visite Visit

COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
SUBJECT: Buil	ld And Live L	10		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
			~	
	Shar	Name of Person		
		Name of Person	HAR	
	Build A	nd Live UC	2019 HAR 12 PH 6: 2	
		Firm/Company		ם ٔ
	4333 NW 53	rd St Ste 460)	
		Address	·	
	Docal F/ 33	166		
		City/State and Zip Code		
	Off-ice	o Build And Live LL to be used for future annual report noti	L.com	
			fication)	
For further information c	concerning this matter, please c	all:		
Shanovia	Smith	at (<u>561</u>) <u>701 –</u> Area Code Daytim	5022	
Name e	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he 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)	
			(
	ING ADDRESS: ration Section	STREET/COURI Registration Section		
	on of Corporations	Division of Corpor		
	ox 6327	Clifton Building	antina Ciantin	
i aliana	assee, FL 32314	2661 Executive Ce	nier Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	ity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L19 ©000319</u> 6	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	
Enter new principal offices address, if applicable:	THE REPORT OF THE PERSON OF TH
(Principal office address MUST BE A STREET ADD	RESS)
	프로 <u>프로</u> 수 있다.
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress 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 = M $AMBR = A$	lanager .uthorized Member	
<u>Title</u>	Name	Address Type of Action
MGR	Shanavia Smith	1728 NE Miami Gardens Dr # 152 North Miami Beach, FC 33129 Add
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		2 Penange
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Effecti	ve date, if other than the date of filing: (optional)		5 0303 /:
Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuar e will not	be list	ed as th
docum	ent's effective date on the Department of State's records.			
tha rac	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	. opeli	or of:
	90th day after the record is filed.	on the	earn	ei oi.
	2016			
Dated	3-9 2019 Salah			
	C Rally			
				
	Signature of a member or authorized representative of a member Shanoura Smith Typed or printed name of signee			
	Shaagas S. A			

Page 3 of 3

Filing Fee: \$25.00