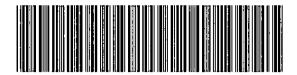
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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# **COVER LETTER**

Division of Co	orporations		
SUBJECT: Living Big			
		nited Liability Company	<del></del> -
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Andrea Aguiar		
		Name of Person	<del></del>
	Living Big LLC		
		Firm/Company	<del></del>
	200 S. Biscayne Blvd Suite	2790	
	<del></del>	Address	
	Miami, FL 33131		
		City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	dl:	
Andrea Aguiar		617 4177905	
Name o	of Person	at () Area Code Daytime	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)

MAILING ADDRESS:

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Living Big LLC						
( <u>Name of the Lin</u>	nited Liability Com (A Florida Limited	pany as it now appears on ou d Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/08/2019}{}$ Florida document number $\frac{L19000032310}{}$ .						
This amendment is submitted to amend the fo	llowing;					
A. If amending name, enter the new name	of the limited lia	bility company here:				
Actique LLC						
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the designation	on "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if appl	icable:	N/A	<b>55% 6</b>			
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:		N/A	ED 2 M			
(Mailing address MAY BE A POST OFFICE BOX)			0: 7: 0			
			<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of office address he	office address on our r <u>re</u> :	ecords, <u>enter the name of the</u>			
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida stree	uddress			
			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 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>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
<del></del>	<del></del>		
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			Remove
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			□ Changa

	N/A
Effect	tive date, if other than the date of filing:
lfan ef Note:	fective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
docun	nent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
me	90th day after the record is filed.
D 1	JULY 8 2019 / / ( )
Dated	
	1\ \( \lambda
	Signature of a member or authorized representative of a member

Page 3 of 3