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| (Requestor's Name) |
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| (Address) |
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| (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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Office Use Only



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COVER LETTER

| Division of Cor | rporations | · | |
|-----------------------------|---|---|--|
| NAME CH | HANGE | | |
| 30BJEC1. | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | YENY FANNING | | |
| | YENY MARCELA FANNIN | Name of Person | |
| | 16765 SW 5 WAY | Firm/Company | |
| | WESTON FL 33326 | Address | |
| | YENY.FANNING@GMAIL.C | | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report notif all: | ication) |
| YENY FANNING | | 954 907-7098 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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



LIFESTYLE FORWARD REALTY LLC

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

(A Florida Limited Liability Company)

| Liabinity Company) | |
|--|--|
| wwere filed on 04/04/2019 and assigned | |
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| pility company here: | |
| | |
| ility Company," the designation "LLC" or the abbreviation "L.L.C." | |
| 16765 SW 5 WAY | |
| WESTON FL 33326 | |
| | |
| 16765 SW 5 WAY | |
| WESTON FL 33326 | |
| | |
| office address on our records, enter the name of the | |
| | |
| | |
| Enter Florida street address | |
| Florida | |
| , 1 101144 | |
| City Zip Code | |
| i | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|--|----------------|
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| | H/A | | □ Remove |
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| ffective date, if other than the date of filing: | _ N | OT APPLICABLE | |
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