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(Re	equestor's Name)	
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AUG 2 6 2019 S. YOUNG

COVER LETTER

TO:

Registration Section

Division of C	orporations		
LIFESTY SUBJECT:	LE SOLUTION SERVICES LI	LC .	
	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub	_	
Please return all corresp	pondence concerning this matter	to the following:	
	Marksen Joseph		:
		Name of Person	
	2003 Nw 24th St	Firm/Company	<u> </u>
	Miami, FI 33142	Address	
	Lifestylesolutionlls@gmail	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information	concerning this matter, please c	all:	
Marksen Joseph		754 7799747 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations ,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFESTYLE SOLUTION SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 02, 2019 and assigned Florida document number L19000172335 This amendment is submitted to amend the following: 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marksen Joseph	2003 Nw 24th St	
			Add
		Miami, FI 33142	ı
			Remove
			Change
			
			□ Add
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ctive date, if other than the	date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605
If the date inserted in this bl	lock does not meet the applicable statutory	filing requirements, this date will not be liste
ment's effective date on the D	epartment of State's records.	
ecord specifies a delayed ne 90th day after the rec		ive time, at 12:01 a.m. on the earlie
d <u>July 26</u>	2019	1
A	·	· · · · · · · · · · · · · · · · · · ·
967	Signature of a member or authorized represent	
	Signature of a member of authorized represent	tative of a member
Marksen Joseph		•

Page 3 of 3

Filing Fee: \$25.00