L19000179763

(1	Requestor's Name)	
(.	Address)	
	Address)	
	City/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)
(Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions	to Filing Officer:	
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08/06/21--01015--016 **25.00

COVER LETTER

Division of Corp	porations	,	
SUBJECT: 50	interville La	and Holdings	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspoi	ndence concerning this matter	to the following:	
,	Erik 2	Zimmermann	
		Name of Person	
		Firm Company	
	2986 L	ake Woodward Dr	·
		Address	
	Eustis,	FL 32726 City/State and Zip Code 9e2 Vahoo W to be used for future annual report north	
	/	City/State and Zip Code	
	E-mail address: (962 (Yahoo. W	cation)
For further information ec	incerning this matter, please co		
	•		639/
Name of	Person	at (<u>352</u>) <u>406</u> –	Tetephone Number
linelosed is a check for th	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Cony	(Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

	and Holdings	220
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lii	cas it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000179763</u>		9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability No Guilt Life The new name must be distinguishable and contain the words "Limited Liability	L.L.C.	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:	N/ /	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the na	me of the new registered
Name of New Registered Agent:		~ 1
New Registered Office Address:	Enter Florida street address	:
	, Florida _	
	City	Zip <u>C</u> ode _ ·
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I an ovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

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>	Address	Type of Action
			□Add
			□Change
		<u> </u>	
		/ 1/1//	∐Remove
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			☐Change

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If an effec <u>Note:</u> If	e date, if other than the date of filing:
e record rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the f.
Dated _	August 2 22!