

L19 000246134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

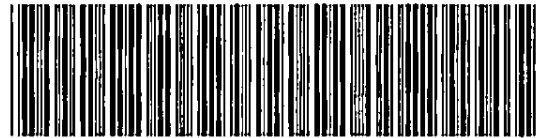
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Amend

JAN 15 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Lifestyle Center, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle J. Daniels
Name of Person

The Lifestyle Center, L.L.C.
Firm/Company

P.O. Box 74
Address

Lynn Haven, FL 32444
City/State and Zip Code

~~ma~~ michelledaniels@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle J. Daniels at (850) 326-9350
Name of Person Area Code Daytime 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) ☐ \$60.00 Filing Fee, Certificate of Status & 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

The Lifestyle Center, 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 9-30-2019 and assigned
Florida document number L19000246134.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOT A NAME CHANGE

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:

NO Address Change

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO Address Change

(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:

(Same) Michelle J. Daniels

New Registered Office Address:

(Same) 824 Ohio Ave

Enter Florida street address

Lynn Haven

City

Florida

32444

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.

NO Agent Change

Michelle J. Daniels

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michelle L. Bautista	4237 Dairy Farm Rd	<input type="checkbox"/> Add
		Panama City, FL 32404	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michelle L. Bautista	4237 Dairy Farm Rd	<input checked="" type="checkbox"/> Add
		Panama City, FL 32404	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michelle J. Daniels	5456 Subdivision Rd	<input type="checkbox"/> Add
		Ebro, FL 32437	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michelle J. Daniels	5456 Subdivision Rd	<input checked="" type="checkbox"/> Add
		Ebro, FL 32437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be prior to or on the date of filing.)

(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, the date will be deemed to be the date of filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 5, 2019

Michelle Daniels
Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Michelle J. Daniels

Typed or printed name of signee

Filing Fee: \$25.00