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SECRETARY OF STATE TALLAHASSEE, FL

2022 SEP 13 PM 5: 17

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: L+ Living, LLC  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:
Tyler Zankl Name of Person
L+ L Living LLC Jihn/Company
16937 Pierre Circle
Delray Beach F1 33444 City/State and Zip Code  KZANKL @ att. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kristen Zankl at (561) 289-1558  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status

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

(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document number <u>L 19060</u> 2		were filed on	9-3-201	and assigne	đ
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the w	ords "Limited Liabi	hity Company," the des	signation "LLC" or the	abbreviation "L.L.C."	,
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		14937 Delray	Pierre C Beach, -	ircie FL 3344	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14937 Delray	Pierre C Beach, f	Ircle -1_ 33440	<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:	nddress on our rec	cords, <u>enter the na</u>	ume of the new res	<u>zistered</u>
Name of New Registered Agent:	leveiss,	Handler	Cornu	Jelf CR SE	71
New Registered Office Address:	^ -	Glades F	. , ,	343131 33431	55
New Registered Agent's Signature, if changing R	legistered Agent:	City		A Gale	

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 Title Name **Address** Type of Action 14937 Pierre Circle XIAdd MGR Tyler Zankl (ADD) Delray Beach, FL 33446 - Remove \_\_\_\_\_ □Change 1001 Clint MODER RD. DAdd BIXA Raton FL 33487 Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ Change 

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<u>ote:</u> 1	e date, if other than the date of filing:  (optional)  tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record is file	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
ited _	
	Typed or printed name of signee

Filing Fee: \$25.00