119000246927

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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 10/17/19

NAME: LOVE DHARMA LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

apple Hodge

COVER LETTER

Div	ision of Corp	porations					
SUBJECT:	Love Dharn						
ловае.ст.		Name of Lim	ited Liability Company				
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	ndence concerning this matter	to the following:				
		Gabriela Arias					
			Name of Person				
		ZenBusines Inc.					
			Firm/Company				
		702 San Antonio St. 4th Fl	oor				
			Address				
		Austin, TX 78701					
			City/State and Zip Code				
		fulfillment@zenbusiness.co	om to be used for future annual report notifi	antion)			
				cation)			
For further in	iformation co	oncerning this matter, please ca	all:				
Gabriela Arias			512 237-7349				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25,00 F	iling 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:

e e e

Registration Section

TO:

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

Love Dharma LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)	
<u>-</u>		and assigned
Florida document number L19000246927	·	
rincipal office address MUST BE A STREET ADDRESS) The state of the st		
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 AL	DDRESS)	-
		<u></u>
		OCT .
Enter new mailing address, if applicable:		. 17
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	• • • • • • • • • • • • • • • • • • • •	
		9444 167 1444
		er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Adam Wes	843 PACIFIC ST APT A Santa Monica, CA 90405	Add
			■ Remove
			☐ Change
			Remove
			Change Add
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl	t be specifi	ic and can	not be prior	to date of fi	ling or more	: than 90 day.			
document's effective date on the De					, ,	·			
e record specifies a delayed The 90th day after the rec			e, but no	t an effe	ctive tin	ne, at 12:	01 a.m. (on the ea	rlier d
October 17th			:019						
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		7010	MA	211101					
	Signature	Dia of a mem	ne or auto	rized repre	sentative of	a member			-

Page 3 of 3

Filing Fee: \$25.00