L19000 251381

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Name of Limited	Liability Company	
The enclosed Articles of	*Amendment and fee(s) are submit	ted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
	ROBERTO PEREZ		
		Name of Person	
	BACK2LIFE RENOVATION	∜S LLC	
		Firm/Company	
	226 LAKE ELOISE POINTE	DR	
		Address	***************************************
	WINTER HAVEN, FL 33880)	
	(City/State and Zip Code	.
	beto7480@gmail.com		
	E-mail address: (to b	e used for future annual repor	t notification)
for further information of	concerning this matter, please call:		
Roberto Perez		616 329-806 at ()	
Name (of Person	Area Code D	aytime Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section Division of Corporations

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

2020 **** 13 Pii 2: 26
iny as it now appears on our records.) Liability Company)
were filed on 10/07/2019 and assigned
ility company here:
lity Company," the designation "LLC" or the abbreviation "L.L.C."
226 LAKE ELOISE POINTE DR
WINTER HAVEN, FL 33880
address on our records, <u>enter the name of the new registe</u>
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.

City

4/8

Jf.amsnding 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>	Name	<u>Address</u>	Type of Action
MGR	ROBERTO PEREZ	226 LAKE ELOISEPOINTE DR. WINTER HA	VEN, 1 ≣Add
			□Remove
			□ Change
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ffective	e date, if other than	the date of filin	g:		(opti		
	tive date is listed, the date the date inserted in thi						
	it's effective date on th				g requirements, in	and with the time	
	specifies a delayed effe	ctive date, but no	t an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	r the
l is filed	1.						
N	1AY 8TH		2020				
ated <u>''</u>			·	_ ·			
	/ Lah.	A L	>				
	1 LONI	Signature of a	member or autho	orized representative	at's member		

Typed or printed name of signee