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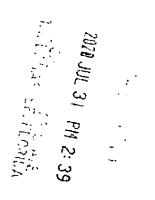
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Office Use Only



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4/20/20

COVER LETTER

TO: Registration S Division of Co				
Life in Jay	LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Crystal Rutherford			
		Name of Person		
	Life in Jay LLC			
		Firm/Company		
	6355 Hall Rd			702
		Address	72,3	F 1 1 3 1
	Jay, FL 32565			$\frac{\omega}{\omega}$;
		City/State and Zip Code	·	P
	erystalmichelerutherford@ E-mail address: (gmail.com to be used for future annual report noti	fication)	<i>i</i> 5
For further information c	concerning this matter, please c	all:		39
Crystal Rutherford		850 982-8964		
Name o	of Person	at () Area Code Daytime	e 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)	Sectificate of Certificate of Certified Control Contro	of Status &
Mailing Addres Registration 5		Street Address: Registration Sec	ction	
Division of C	orporations	Division of Corp	porations	
P.O. Boy 632	' <i>1</i>	The Centre of T	allabaccaa	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

appears on our records.) pany)	
on 01/02/2020 and as:	signed
any here:	
." the designation "LLC" or the abbreviation "L	.L.C."
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our records, enter the name of the new	w regi
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ter Florida street address	
Eb.,i.d.,	
, Florida	
	our records, enter the name of the new

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 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
		 -	□Remove
			□Change
			□Add
			□ Remove
			□Change
		 .	□ Change 2. □ Add
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	07/27/2020
	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 does not meet the applicable statutory filing requirements, this date will not be listed a
	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
l is filed.	
l is filed.	Rich Coffee Constant of a member of a member

Filing Fee: \$25.00