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Special Instructions to Fili	ng Officer:	

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## CAPITAL CONNECTION, INC.

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				Art of Inc. File
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				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
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Walk-In	Will Pick Up			Courier

## TO

ARTICLES OF ORGANIZATION **OF** 

LIVLO, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our rec mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000119041</u>	npany were filed on MAY 4, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:		.LC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		ZO HAY I
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new region
Name of New Registered Agent:		0 F
New Registered Office Address:	Enter Florida street ad	dress
		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 will provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOHN UPPERMAN	239 2ND AVENUE S. SECOND FLOOR	
		ST, PETERSBURG, FL 33701	≣ Remove
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	f other than the s listed, the date mu- inserted in this bl tive date on the D	ock does not n	neet the applic	able statutory	g or more than 9 filing require	(optional 0 days after filing ments, this dat	) g.) Pursuant to 605.02 e will not be listed
he record specifies ord is filed.	a delayed effectiv	e date, but not	t an effective t	ime, at 12:01	a.m. on the ea	rlier of: (b) T	he 90th day after ti
Dated MAY 12		·	, 2020				
<u> Bn</u>	ian Boer	Signature of a	member or auth	orized represer	itative of a mem	ber	
	N BAER, MANA						
——————————————————————————————————————	· PAUK, MANA		Typed or print	ed name of sig	nee		

Filing Fee: \$25.00