## LZ0000 199404

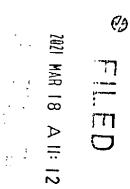
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## **COVER LETTER**

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Love Ventu Name of Limit	JYES, LLC ted Liability Company		
f Amendment and fee(s) are subr	nitted for filing.		
ondence concerning this matter t	o the following:		
Alia	10 Roman Name of Person		
Love	Ventures, LLC Firm/Company		
830 N_	John Young Par	Kway	
	_	<del></del>	
E-mail address: (to	Manay 24 Wamail o be used for future annual report notif	. (OM .	
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the following amount:			
☐ \$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)	
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	Alian  Love  830 A  Love  Sinum  Love  Sinum  E-mail address: (a concerning this matter, please can be concerning this matter.  Sometime of Person	Name of Limited Liability Company  If Amendment and fee(s) are submitted for filing.  Sondence concerning this matter to the following:  Alana Roman Name of Person  Love Veneral LC Firm/Company  830 N. John Young Paraddress  Lissimuce FL 34744  City/State and Zip Code  Alanamanay 244 and Zip Code  E-mail address: (to be used for future annual report notice concerning this matter, please call:  Area Code Daytim  the following amount:  \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  ess: Section Registration See Corporations  Corporations  Street Address: Registration See Corporations  Corporations	FAmendment and fee(s) are submitted for filing.  Sondence concerning this matter to the following:  Aliana Roman Name of Person  Love Vendoves, LLC Firm/Compuny  830. N. John Young Parkway  Address  Lissimuce, FL 34744  Cry/State and Zip Code  Benail address: (to be used for future annual report notification)  concerning this matter, please call:  Area Code Daytime Telephone Number  the following amount:    \$30.00 Filing Fee & Certificat Copy (additional copy is enclosed)    \$40.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)   \$55.00 Filing Fee & Certificat Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Love Ventires, Ll	<u>C</u>
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L20000199404</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	830 N. John Young Parkway
(Principal office address MUST BE A STREET ADDRESS)	Kissimmer, FL 34741
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	830 D. John Young Parkway Kissimmee, FL34741
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 830 A	V. John Young Parkway  Enter Florida street address  (1)
<u> Kissin</u>	City Florida 34 Fell Zip Gode 17
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po heing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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

<u>Title</u>	Name	Address	Type of Action
ambr	Aliana Rouan	830 N. John Young Ru	<b>∑ Z</b> Add
		Kissimme FL 34741	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
		<del></del>	Change
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			□Change
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			□Remove

mending any othe	er information, enter change(s) here: (Attach additional sheets, if necessary.)
Pleas	se add Aliana Roman as a member.
and a	mend all addresses on file to 830
N. Johr	1 Young Parkway Kissinimee, Fl 34741
	Thank you,
	a Porian
<del></del>	
<u> </u>	
ective date, if othe	er than the date of filing: (optional)
te: If the date inserte	, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan 60 ed in this block does not meet the applicable statutory filing requirements, this date will not be list
ument's effective da	ate on the Department of State's records.
cord specifies a dela	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	· · · · · · · · · · · · · · · · · · ·
ed <u>March</u>	8 2021
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	Signature of a member or authorized representative of a member
	1
	Trana Roman Juis Villegas

. . . .

Filing Fee: \$25.00