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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PINPOINT GUIDANCE INC

Account Number : I20180000092 Phone : (954)371-9511 Fax Number : (954)933-3379

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

	Registration Sect Division of Corp					
cun ir	BE ALIVE I	LLC				
SUBJEC	.1:	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·		
The encl	osed Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please re	turn all correspon	dence concerning this matter t	o the following:			
			HERNAN C DEGLANE			
			Name of Person			
			AMBR			
			Firm/Company			
			19201 SW 30TH ST			
			Address		25	<u> </u>
			MIRAMAR FL 33029		7)	동종 고등.
			City/State and Zip Code			
			sa@pinpointg.com	<u>.</u>	7	759
		E-mail address: (to be used for future annual report noti	fication)	Ξ	문문
For furth	ner information co	ncerning this matter, please or	al1;		.,	TATION:
HERNA	N C DEGLANE		954 803 13 26			7.2
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclose	d is a check for the	e following amount:				
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fea Certificate of Sta Certified Copy (additional copy is e	atus &	
	Mailing Address	<u>s:</u> Lection	<u>Street Address:</u> Registration Se	ection		

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

	BE ALIVE LLC	
(Name of the Limited Liah (A Flor	ility Company as it now appears on our rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L20000270633	Company were filed on AUGUST 3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the Il	mited liability company here:	•
The new name must be distinguishable and contain the words "L	imited 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 ADD	DRESS)	25 38E
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:	red office address on our records, g	enter the name of the new registere
New Registered Office Address:	Enter Florida street	oddraes
	Ester Florida Sirver	
	City	, Florida
New Registered Agent's Signature, if changing Registe	ered <u>Agent:</u>	•
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	nt and agree to act in this capacity d complete performance of my duti l agent as provided for in Chapter ered office address, I hereby confi	es, and I am Jamiliar with und 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	ature 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>	<u>Name</u>	Address	Type of Action
MGR	DEGLANE HIDALGO, DANIEL H	19201 SW 30TH ST	□Add
		MIRAMAR FL 33029	≣Remove
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			Remove
			□Add
			Remove

E. Effective date, if other than the date of filing O/11/2020 (opting effective date is lisred, the date must be specific and cannot be prior to date of filing requirements, this document's effective date in this block does not meet the applicable stanutory filing requirements, this document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (be record is filed. Dated Signature of a member or authorized more sentrative of a member		
<u></u>		
		
nte: If the date inserted in this block of	e of filing:	020 :d a:
ecord specifies a delayed effective date is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
SEPTEMBER II	2020	
nea		
Signo	sature of a member or authorized representative of a member	

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