## 120 CCO 359245

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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## **COVER LETTER**

Division of Corpora	ations		
SUBJECT: LOC-N-	Lov LLC	7	
	Name of Limite	d Liability Company	
The enclosed Articles of Ame	endment and fcc(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Tasha L	Randtree Name of Person	
	Loc-N-Lov	ЦС	
		Firm/Company	
-	1941 Buchano	an Bay Cir Apt	101
-	Orlando,	FL 37859 City/State and Zip Code	
_	troundtree E-mail address: (to	1776 smail. COM be used for future annual report notifica	ation)
For further information conce	erning this matter, please call	:	
Taska L	Bantiree	at ( <u>407</u> ) <u>431 – 2</u> Area Code Daytime T	1203
Name of Per	son	Area Code Daytime T	elephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee E	S30.00 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)
Moiling Address		Straat Address:	

TO:

**Registration Section** 

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 FOR STATE OF ARTICLES OF ORGANIZATION/21 DEC. 13 AH 8:

## ARTICLES OF ORGANIZATION/21 DEC 13 AH 8: 03 OF SECRETAL VICE STATE

(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)
The Articles of Organization for this Limited L Florida document number <u>L2000035</u>		were filed on 11	12/2020 and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of LOC LIVIN' LLC. The new name must be distinguishable and contain the			
Enter new principal offices address, if applic Principal office address MUST BE A STREE		<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)	<u>n/a</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our reco	ords, enter the name of the new register
Name of New Registered Agent:	nla		
New Registered Office Address:		Enter Florida	street address
		City	, Florida Zin 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 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□ Change

ff	tive date, if other than the date of filing: (optional)
an ei ote:	tive date, if other than the date of filing:
rocc	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	iled.
atec	1 12 08 21
	Signature of a member or authorized representative of a member
	Tasha Rondtree  Typed or printed name of signee

Filing Fee: \$25.00