## L20000394744

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000359280190

92/01/21--01807--018 \*\*25.00

Anund

FEB 0 1 2021 I ALBRITTON

## **COVER LETTER**

FO: Registration Secti Division of Corpo	on rations		<b>,</b>	
SUBJECT:	fe leving	Store (	<u></u>	
The enclosed Articles of Art	nendment and fee(s) are subn	nitted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	Debra	Name of Person	2	
		Name of Person  - wing Stor  Firm/Company		
		Firm Company  X 2037		
	Tallahass	Address  L  City/State and Zip Code	···	) m
For further information con	cerning this matter, please ca		or necricalion)	
Debra Name of P	Hq55e erson	at (STH) Area Code	Daytime Telephone Number	) 
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Certificate of Certified Co (additional cor	of Status & opy

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 TO ARTICLES OF ORGANIZATION OF

Life Giving &	Store (LC or
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20003947</u> 46	were filed on 15/28/2050 and assigned
This amendment is submitted to amend the following:	'
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	19306 W. By Northwest Tallchose FL. 32310
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 20377 Tallahesse & 32316
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

Zip Code

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	David Coleman	P.O. BOX 20371 Talla, Fl 32316	🗆 Add
		Talla, Fl 32316	Remove
			□Change
			🗆 Add
			□Remove
			□Change
	<del></del>		□Add
			🗆 Remove
			□Change
	<del></del>		🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			🗆 Change
			🗆 Add
			□Remove

•								•
								-
				<del> </del>	<u>-</u>			-
								_
								-
				<del></del>				-
						<del> </del>	<del></del>	-
							·	_
<del></del>	-							
					<u></u>			-
								_
	·							_
								_
•			<del></del>					-
				- <u>-</u>	<u></u>			_
								_
ffective da	ite, if other th:	ın the date o	f filing:			(optio	nal) iling.) Pursuant to 60	
an effective	date is listed, the d	ate must be spec	ific and cannot	be prior to date ( applicable st:	of filing or more t stutory filing res	han 90 days after f zuirements, this	iling.) Pursuant to 60 date will not be lis	05.0207   sted as (
ocument's	effective date or	the Departme	nt of State's r	ecords.		•		
	rifics a delayed o	iffective date. I	out not an effe	ective time, at	12:01 a.m. on th	ne earlier of: (b)	The 90th day aft	ter the
l is filed.								
Natad Z	2-1	2021						
Zated <u>e</u>	<u></u>	<u> </u>	 7 /	·				
			Lebyla	1/2	10	member		
		Signatu	re of a member	or authorized r	epresentative of a	member		