

121 000029809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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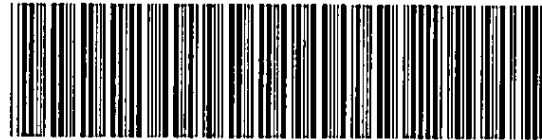
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

D BRUCE  
JUL 13 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lives On Childsupport LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Davidson  
Name of Person  
Lives On Childsupport LLC  
Firm/Company  
293 Damron Ave  
Address  
Holly Hill FL 32117  
City/State and Zip Code  
Antonio922@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Davidson at (386) 214-5094  
Name of Person 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 enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32311

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
515 S. G. H. Rd.  
Tallahassee, FL 32311

2021 JUN 11 PM 2:05  
TALLAHASSEE, FL

11:57:17

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lives On Childsupport LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Jan 13, 2021 and assigned Florida document number L21000029809

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Antonio Davidson	293 Damron Ave	<input type="checkbox"/> Add
		Holly Hill, FL 32117	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mgr	Charita Shepherd	293 Damron Ave	<input type="checkbox"/> Add
		Holly Hill, FL 32117	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 03 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Antonio Davidson

Typed or printed name of signee

**Filing Fee: \$25.00**