

**L2100037203**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NUEVA VIDA ACCOUNTING CORP.  
Account Number : I20150000017  
Phone : (305)752-7505  
Fax Number : (305)752-4409

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

Email Address: NURVAIDA6445@gmail.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FOREVER LIFE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

OCT - 6 2021  
S. PRATHEP

2021 OCT -5 PM 12:17

TALLAHASSEE, FLORIDA

H210003720303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**FOREVER LIFE LLC**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 30th, 2021 and assigned

Florida document number L21000051760

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 "LLC.."

Enter new principal office 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:

**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 and 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*

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C. 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>
AMBR	Katherine Figueroa	200 177 Drive Apt 116	<input type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Gloria Coronell	200 177 Drive Apt 116	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary).

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60S.0207 (3)(b) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90<sup>th</sup> day after the record is filed.

Dated September 24, 2021

X



Signature of a member or authorized representative of a member

Mayte Figueredo

Typed or printed name of signee

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SECRETARY OF STATE  
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