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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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2021 SEP 27 PH 2: 16

OCT 03 2021

COVER LETTER

	Name of Limited Liability Company		
The enclosed Articles	of Amendment and fee(s) are submitted for filing.		
Please return all corres	spondence concerning this matter to the following:		
	Christini E. Bradley		
	Name of Person	-	
	Vivere Consulting LLC		
	Firm/Company	-	
	830 A1A North Suite 13-681		
	Address	-	
	Ponte Vedra Beach, FL 32082		
	City/State and Zip Code	-	
	christinibradley@gmail.com	20	
For further information	E-mail address: (to be used for future annual report notification) a concerning this matter, please call:	2021 SEP 2	77
Christini E. Bradley	904 652-8500 at ()	27	
Nam	e of Person Area Code Daytime Telephone Number	r	
		- F - 6	
\ /	r the following amount:		
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ate of Status &	

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability (A Florida	y Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		<u> </u>
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		-0
		N) "
		그것 - 6
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>er</u>	iter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
		, Florida
	City	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>	Type of Action
AMBR	Christini E. Bradley	310 Pheasant Run	Add
		Ponte Vedra Beach, FL 32082	Remove
Medical	310 Phrasant Run	310 Pheasant Run	□Change
		Ponte Vedra Beach, FL 32082	Remove
			□Change
			□Add
			Remove 22 Schange
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			Change
			Remove
			Change
			□Add
			Remove
			□Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing: te: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 60 y filing requirements, this date will not be lis)5.020 sted a:
cord specifies a delayed effective date, but not an effective time, at 12:01 s filed.		er the
ed September 21 2021. Mutaui By D Signardre of a member or authorized represe		
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Typed or printed name of signee