

K21000212436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

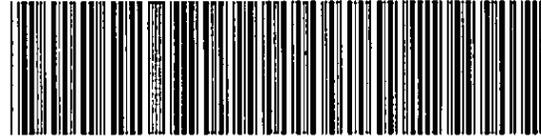
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amendment

Office Use Only



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11/05/21-- 01:011--029 **25.00

11/12/21

T.A.S.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2021 NOV -5 AM 10:02

11/12/21

COVER LETTER

**TO: Registration Section
Division of Corporations
LIVING GREAT, LLC**

SUBJECT: _____
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:

Jenny A Bernal

Name of Person

LIVING GREAT, LLC

Firm/Company

325 Calusa Street #326

Address

Key Largo, FL 33037

City/State and Zip Code

jennybernal100@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny A Bernal

786 303-5079

_____ at (_____) _____

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 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	GIL, AMAURY	325 CALUSA STREET #326	<input type="checkbox"/> Add
		KEY LARGO, FL 33037	<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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SECRETARY OF PROTECTIVE SERVICES
CALIFORNIA DEPARTMENT OF CORRECTIONS AND REFORMATION
201 NOV 5 4 00 PM '00

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

Multiple horizontal lines for amending information.

2021 NOV -5 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

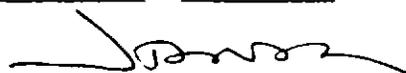
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (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 90th day after the record is filed.

October 29 2021
Dated _____



Signature of a member or authorized representative of a member

Jenny A Bernal

Typed or printed name of signee