

h21000218879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

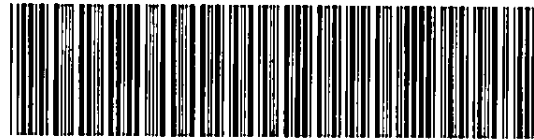
(Document Number)

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2021 MAY 28 A 11:24

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Location Lifestyle 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:

Clinton Whitfield Toms Flowers

Name of Person

Location Lifestyle LLC

Firm/Company

4102 W Euclid Ave

Address

Tampa, FL 33629

City/State and Zip Code

whitflowers@gmail.com

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

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For further information concerning this matter, please call:

Clinton Whitfield Toms Flowers at 804 986-7810
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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

Location Lifestyle 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 May 11, 2021 and assigned
Florida document number L21000218879.

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)

4102 W Euclid Ave

Tampa, FL 33629

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4102 W Euclid Ave

Tampa, FL 33629

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:

Clinton Whitfield Toms Flowers

New Registered Office Address:

4102 W Euclid Ave

Enter Florida street address

Tampa

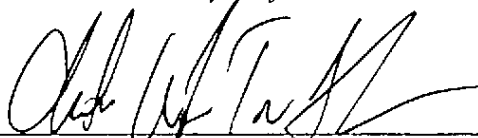
City

Florida 33629

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

[illegible]

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

To confirm, please make Clinton Whitfield Toms Flowers the registered agent for this LLC and Matt M Bedran an authorized member underneath this LLC.

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.

Dated

5/20/21

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Clinton Whitefield Toms Flowers

Typed or printed name of signee

Filing Fee: \$25.00