## LZICCO24CC35

(Requestor's Name)
(Address)
(nodiess)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pfloffe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300371336233

08/16/21--01025--024 \*\*25.00

2021 AUG 16 AM 10: 51

60

1 303

## **COVER LETTER**

Division of Cor		
SUBJECT:	Live 4 Yo	OU LLC
	Name of L	Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are s	submitted for Cline
r lease return all correspor	idence concerning this matt	er to the following:
		EDNA MORA
		Name of Person
		Live 4 YOU LLC
		Firm/Company
		1100 NE 2nd Ave Suite 304
		Address
		Miani FL 33137
	·	City/State and Zip Code
	F-mail address:	(to be used for future annual report notification)
For further information con		
		san.
EDNA		at (305) 6779797
Name of P	erson	Area Code Daytime Telephone Number
Enclosed is a check for the I	following amount:	
<b>■</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Strong Add
Registration Sec		Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations
Tallahassee, FL	32314	The Centre of Tallahassee
		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Live 4 You	LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 05/24/2021 and assigned
Florida document number <u>L21 000 24 00 35</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation L.C.
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	A
	mm H D
	12 2 13 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Manus CNI to the state of the	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Sum De la constant de	City Zip Code
lew 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>	Address	Type of Action
AMBR	CARDOSIO, ALEXANDRA	1250 Lincoln ROAD	□Add
		Miani BEACH FL 33139	
	- Λ		□Change
AMBR	CAROSIO, ALEXANDRA	1250 LINCOLN ROAD	<b>X</b> IAdd
		MIANI BEACH FL 33139	□Kemove
			□Change
			□Add
			□Remove
			□Change
			□Ađd
		/	□Remove
			□Change
			□Add
			□Remove
	-		□Change
			□Add
	_		□Remove
			_ □Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
-	
_	
_	
_	
_	
<del></del>	
_	
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:  OR 109 2021 (optional)  ive 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)(1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
the record s cord is filed	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
Dated	August 09, 2021
	Signature of a member of authorized representative of a member
	MARIA ELENA ESTRADA

Filing Fee: \$25.00