

LZ1000240035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

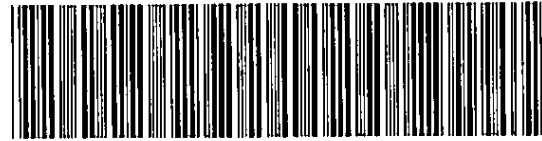
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIVE 4 YOU 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:

EDNA MORA

Name of Person

LIVE 4 YOU LLC

Firm/Company

4100 NE 2nd Ave Suite 304

Address

Miami FL 33137

City/State and Zip Code

Tony @ accuracy tax services .com

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

For further information concerning this matter, please call:

EDNA MORA

Name of Person

at (305)

Area Code

677 9797

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

LIVE 4 YOU LLC

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

MGR = Manager
AMBR = Authorized Member

AMBR	CARDOSIO, ALEXANDRA	1250 LINCOLN ROAD	<input type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Remove

AMBR CAROSIO, ALEXANDRA 1250 LINCOLN ROAD ☒ Add
MIAMI BEACH FL 33139 ☐ Remove

☐ Add
☐ Remove
☐ Change
☐ Add
☐ Remove
☐ Change
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☐ Change

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

(This area is for amendments. A diagonal line is drawn across the space.)

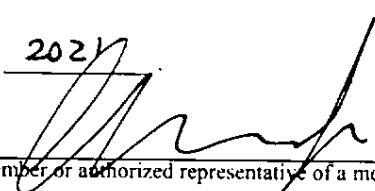
E. Effective date, if other than the date of filing: 08 / 09 / 2021 (optional)

(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 August 09, 2021


Signature of a member or authorized representative of a member

MARIA ELENA ESTRADA

Typed or printed name of signee