## L21000240035

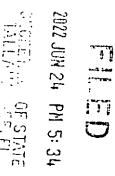
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Certified Copies	_ Certificates	of Status
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A. BUTLE

SEP 16 2022

## **COVER LETTER**

Registration Section Division of Corporations

TO:

LIVE4YO			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Elena Estrada		<u>.</u>
	<u>-</u>	Name of Person	
	LIVE4YOULLC		
		Firm/Company	<del></del>
	3530 SW 22ND STREET	APT 705	
		Address	<del></del> _
	Miami FL 33145		
		City/State and Zip Code	
	live4youllcw@gmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Maria Elena Estrada		305 582-6445 at ()	
Name (	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u>	<u>ss:</u>	Street Address:	
Registration		Registration Se	
Division of C P.O. Box 633		Division of Cor The Centre of T	
Tallahassee.			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LIVE4YOU LLC

2022 JUN 24 PM 5: 34

(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 01/12/2022 Florida document number  $\frac{1.21000240035}{1.21000240035}$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

, Florida \_\_

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	CAROSIO ALEXANDRA	3530 SW 22ND STREET APT 705	□ Add
		MIAMI FL 33145	≣Remove
			□Change
AMBR	MORA EDNA	3530 SW 22ND STREET APT 705	
		MIAMI FI. 33145	Remove
			□Change
			□Add
			□Remove
			□ Change
	<del></del>		
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in effecti ote:   If	ive date is listed. the date inserte	the date must be speed in this block do te on the Departn	ecific and can ses not meet	the applica	o date of filing ble statutory	or more than filing requir	90 days after fi	ling.) Pursuant	to 605.0207 be listed as
ecord s is filed		ved effective date,	but not an	effective tin	ne, at 12:01 a	i.m. on the ea	arlier of: (b)	The 90th da	y after the
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