L21000400910

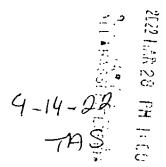
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COVER LETTER

TO:

Registration Section
Division of Corporations

LUVLYF I SUBJECT:	ENTERPRISE LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Michael D. Young				
	Name of Person LUV LYF ENTERTAINMENT, LLC				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	333 IVES DAIRY ROAD, UNIT 2 Address MIAMI, FL, 33179				
	** 	City/State and Zip Code			
	robhholly@yahoo.com				
	E-mail address: (to be used for future annual report not	fication)		
For further information c	oncerning this matter, please c	all:			
Holly Robb		305 3930476			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOALL ENIEKAKISE FFC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000400910</u>	pany were filed on 09/09/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
LUV LYF ENTERTAINMENT, LLC		
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	<u> </u>	
		ج م چ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 10°
		3 6
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter t</u>	/* · · · · · · · · · · · · · · · · · · ·
agent and/or the new registered office address here:		海 。 ロ
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	71 71 1	
	Enter Florida street address	
		rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LINUAGE CAPECODORCE LLC

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

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antice date if ather than the date of filling.	7 - 21 - IN
ective date, if other than the date of filing:	(optional) than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the applicable statutory filing rument's effective date on the Department of State's records.	equirements, this date will not be listed a
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cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after th
filed.	• • • • • • • • • • • • • • • • • • • •
March 20, 20 2,2	
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Signature of a member of authorized representative of	a member