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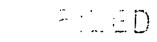
COVER LETTER

TO:

Registration Section

Division of Co	•		
Large Livi SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bradley F White, Esq.		
		Name of Person	
	WhiteBird, PLLC		
		Firm/Company	
	2101 Waverly Place Suite	100	
	-	Address	
	Melbourne, Florida 32901		
		City/State and Zip Code	
	bwhite@whitebirdlaw.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Bradley F White, Esq.		321 327-5580	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he tollowing 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810
		Tallahassee, FL	. 54303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Large Living, LLC

2022 JUL 15 PH 5: 03

(Name of the Limited I	Liability Company as it now appears on Florida Limited Liability Company)	our records.)	night, he mi,
The Articles of Organization for this Limited Liabi	ility Company were filed on Janaur	y 11, 2022	and assigned
Florida document number L22000012793			
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	ne limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address have a long to the new registered office address have a long to the new Registered Agent: New Registered Office Address:	istered office address on our recon	rds, <u>enter the na</u>	me of the new registere
	Enter ritoriaa s	Enter Florida street address	
-	City:	, Florida _	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of		duties, and I an	n familiar with and

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>	<u>Address</u>	Type of Action
MGR	David Vickers	1366 Florence Path	□Add
		The Villages, Florida 32162	■Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			□Change

-	
ffective	e date, if other than the date of filing: (optional)
fan effect Noter If	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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	t's effective date on the Department of State's records.
	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
d is filed	
	2022
Dated	$\frac{2022}{C}$
	in the second se
	// //

Typed or printed name of signee