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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Y LIFE G.U. Name of Lim	AU LLC, lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alison	Davis Name of Person	
	CITY LI	FE GURU Firm/Company	
	1000 Isi	AND BOULEVARD	), Apt. BV-06
	Aventur	2, FL 33160 City/State and Zip Code	
	E-mail address: (	a loy @ M.E. COM to be used for future annual report noti	fication)
For further information ec	oncerning this matter, please ca	all:	
Michelle Name of	Roth Person	at ( <u>305</u> ) <u>343</u> - Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LIFE GURU L.L.C.

( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L220003705</u> 0	by were filed on $1/19/2022$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "ELC" or the abbreviation "E.L.C."
Enter new principal offices address, if applicable:	7000 Island Boulevard
(Principal office address MUST BE A STREET ADDRESS)	Arentura, FL 33160 -
	Aventura, FC 33160 =
Enter new mailing address, if applicable:	2000 Island Boulevard
(Mailing address MAY BE A POST OFFICE BOX)	Apt BV-06
	Aventura, FL 33160.
	~
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  A	lison Davis
New Registered Office Address:	00 Island Bonlerard Apt BV-06 Enter Florida street address
Arc	Whire Florida 33160
New Registered Agent's Signature, if changing Registered Agen	
ra t	

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 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
MGR	Alson Davis	7000 Island Blud, Apt BV-	Add
		Arendura, Fl 33160	□Remove
		555 NE 58 15T, Mlami, FL 33	Change
MG-R	Michelle RoTh	5835 LaGorce Drive Miami Beach, FL 33140	VZ/Add
		Miami Beach, FL 33140	) □Remove
			□ Change
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effective d <u>e:</u> If the o	ate is listed, the date inserted	han the date e date must be sp in this block do on the Departn	ecitic and ca ses not mea	nnot be prior at the applic	able stati	filing or more	than 90 day equirement	s after tiling	g.) Pursuant to	605,020 listed a
ord speci filed.	fies a delayed	l effective date	. but not ar	effective ti	me, at 12	:01 a.m. on	the earlier	of: (b) T	he 90th day :	after the
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Typed or printed name of signee