22000191766

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COVER LETTER

TO: Registration Sec Division of Corp						
SUBJECT:LIV	LRG LLC					
3000001.	Name of Limi	ted Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	CHRI	STOPHER B. PATTERSON				
		Name of Person				
		Firm/Company				
	1	L535 SELVA MARINA DR				
		Address				
		ATLANTIC BEACH, FL 32233				
		City/State and Zip Code co@interchanges.com				
		to be used for future annual report no	tification)			
For further information co	oncerning this matter, please c	all:				
Jason Nees		at (913) 961-436	51			
Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a check for the	ne following amount:					
X□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection			
Division of C	Corporations	Division of Corporations				
P.O. Box 632 Tallahassee, 1			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

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company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 MAY 31 PM 2: 53

LIVLR		•	SECRE LARY OF STATE TALLAHASSEE, FL
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appe ited Liability Company	ars on our records.)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Comp	pany were filed on _	04/21/2022	and assigned
Florida document numberL22000191766			
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	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our	records, enter the	e name of the new registere
Name of New Registered Agent:			
Naw Pagistared Office Address			
New Registered Office Address:	Enter F	lorida street address	· · · · · · · · · · · · · · · · · · ·
		. Floric	da
	Ciņ		da Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	olete performance (t as provided for in	of my duties, and i Chapter 605, F.S	I am familiar with and S. Or, if this document is

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It amending Authorized rerson(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	Marnie S. Patterson	1535 Selva Marina Drive	<u></u> 🖾 Add
		Atlantic Beach, FL 32233-5613	□Remove
			□Change
			□Add
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			□Change
			□Add
		 	□Remove
			□Change

5/26/2022 Effective date, if other than the date of filing: (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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. 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 second is filed. 5/27/2022 Dated							<u></u> -			
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Dated										
DocuSigned by:	Dater	5/27/2022								
1 2	Dated	'	DocuSigned by:							
Cluris Patterson C7782ESPERANTICE of a member or authorized representative of a member			Cluns Patters	son		1	- Co. non ash an			

Filing Fee: \$25.00