22000427577

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DATE:

08/04/2023

NAME: MAIRELYSRENTAL LLC

TYPE OF FILING: AMENDMENT

COST:

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RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE CHICOGE

COVER LETTER

TO:

	Registration S Division of Co			
SUBJEC		YSRENTAL LLC		
SUBJEC		Name of Lir	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are suit	bmitted for filing.	
Please ret	um all correspo	ondence concerning this matter	r to the following:	
		Mairelys Aldana osorio		
			Name of Person	
		MAIRELYSRENTAL LL	.C	
			Firm/Company	
		2476 Timber Forest Dr		
			Address	
		West palm beach F1, 3341	5	
			City/State and Zip Code	
		micchel2005@yahoo.com		
For furthe	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)
		oncerning this matter, piease c	4 11.	
Mairelys .	Aldana osorio		575 6058352 at ()	
	Name o	f Person		me Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$ 25.00	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D	Iniling Address Legistration Solivision of Co. Loc. O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
	allahassee, F			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

F/LED 2023 AUG -4 AM 9: 50

MAIRELYSRENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		701/1U
The Articles of Organization for this Limited Liability Company Florida document number L22000427577	y were filed on 10/04/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Live for Better Future LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	
New Registered Office Address:	Enter Florida street add	J
	enter rioriaa sireet aac	iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

N

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

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
		N/A	□Add
			□Remove
			Change
-			□Add
			Пстоvе
			Change
			
			□Remove
			□Change
			[]Add
			□Remove
			□Change
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If the o	ate is listed, the da late inserted in t	n the date of fil te must be specific his block does no the Department o	and cannot be p ot meet the app	rior to date of fil plicable statute	ing or more than !	On dave after fil	no I Dureu	ant to 605.
mea.		fective date, but i			l a.m. on the ea	arlier of: (b)	The 90th	day after
i	July	6 W	<u>702</u>	<u>23</u> .				
				<u>۔ </u>	entative of a men			
		Signature of	a member or a	utnorized rentes	entative of a men	inet		

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