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| (Requestor's Name) | • |
|-----------------------------------------|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | • |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

O:

| Pride I UBJECT: | Hospitality by Livy O's, LLC | | |
|----------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <u></u> | Name of L | imited Liability Company | |
| he enclosed Article | s of Amendment and fee(s) are s | ubmitted for filing. | |
| lease return all con | respondence concerning this matt | er to the following: | |
| | Lennise Germany | | |
| | | Name of Person | |
| | Pride Hospitality by Liv | y O's, LLC | |
| | | Firm/Company | |
| | 5908 Emhardt Drive | | |
| | | Address | |
| | Riverview, Florida 3357 | 8 | |
| | | City/State and Zip Code | |
| | lennise@livyos.com | | |
| | E-mail address | s: (to be used for future annual report not | fication) |
| or further informat | ion concerning this matter, please | e call: | |
| | | at() | |
| Nε | me of Person | Area Code Daytim | ne Telephone Number |
| nclosed is a check | for the following amount: | | |
| ≡ \$25.00 Filing Fe | ce S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Division P.O. Box | on Section of Corporations | Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro Tallahassee, FI | rporations Fallahassee be Street, Suite 810 |

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

| <u>tle</u> | <u>Name</u> | Address | Type of Action |
|-------------|-------------|--------------|----------------|
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| · | ed twe need to update her last name from Jackson to Germany. | |
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| -4b d-4 164b4b4b | data of Cilina. | |
| ffective date is listed, the date must | e date of filing: (optional) st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 | 5.02 |
| If the date inserted in this bloment's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not be lis | ted : |
| ment's effective date on the De | epai ment of State's records. | |
| | | |
| ord specifies a delayed effective filed. | re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | er th |
| IIIM. | | |
| October 05 | 2023 | |
| d | | |
| _ | | |
| L. | H | |
| Leunise | Signature of a member for authorized representative of a member | |