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TO: Registration Section

	ited Liability Company	•
Name of Lim	ited Liability Company	
nidment and fee(s) are sub		
endment and fee(s) are sub		
	mitted for filing.	
nce concerning this matter	to the following:	
Allison Monzon		
	Name of Person	
ZenBusiness INC		
	Firm/Company	
336 E. College Ave Suite .	301	
	Address	
Fallahassee, FL 32301		
	City/State and Zip Code	
		itication)
	•	
	844 493-6249	
son	Area Code Daytin	ne Telephone Number
Howing amount:		
330.00 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)
ion	<u>Street Address:</u> Registration Se	ection
	Division of Co	rporations
32314		
	Allison Monzon ZenBusiness INC: 336 E. College Ave Suite . Tallahassee, FL 32301 ulfillment@zenbusiness.co	Name of Person

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life Fortitude Financial LLC		2022 0 70 10
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	2023 F 70 18 AM 7: 11
The Articles of Organization for this Limited Liability C	Company were filed on 2022-12-13	and assigned [
Florida document number 1.22000522501	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
 -	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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
AMBR	Ferima Kone	11555 Heron bay blvd 200 Coral springs , FL 33076	= Add
			□Remove
			□Change
			□Add
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			□Change
		-	í Add
			□Remove
		- 	□Change
			🗆 Add
			□Remove

ir amending any other infor	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
-		
-		
 .		
 		
Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	the date of filing:	0207 (3 d as th
he record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	. 2023	
/s/ Clifford	Andre	
	Signature of a member or authorized representative of a member	
Clifford Andre, Men	h.,-	