

L23 000 030 060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

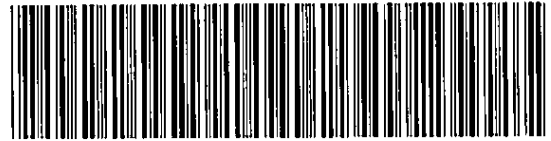
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TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DISTINCTIVE LIVING, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MERIYEM BENKIRANE

Name of Person

DISTINCTIVE LIVING, LLC

Firm/Company

1111 EAST LAS OLAS BLVD UNIT 412

Address

FORT LAUDERDALE, FL, 33301

City/State and Zip Code

MERIYEM.BENKIRANE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

MERIYEM BENKIRANE

954 7708277  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**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>	<u>Address</u>	<u>Type of Action</u>
PRES	MERIYEM BENKIRANE	1111 EAST LAS OLAS BLVD, UNIT 412	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL., 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MERIYEM BENKIRANE	1111 EAST LAS OLAS BLVD, UNIT 412	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL., 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

SECRETARY OF STATE  
TALLAHASSEE, FL.  
2013 FEB 10 PM 5:50

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE CHANGE TITLE FROM "PRES" TO "MGR" AS INPUTTED ON PREVIOUS PAGE.

SECRET  
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HALL AND STREET

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated FEBRUARY 6 2023

Signature of a member or authorized representative of a member

MERIYEM BENKIRANE

Typed or printed name of signee