

L23000052648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

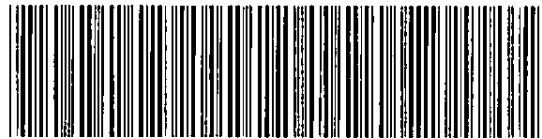
(Business Entity Name)

(Document Number)

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FILED

2023 JUL 14 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FL

VUP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

More Life Housing 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:

Benjo St. Fleur

Name of Person

Firm/Company

2724 Pleasant Cypress Circle

Address

Kissimmee, FL 34741

City/State and Zip Code

benjostfleur@gmail.com

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

For further information concerning this matter, please call:

Benjo St. Fleur

Name of Person

at (

407

)

406 8040

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

More Life Housing LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/01/2022 and assigned
Florida document number L23000052648.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2724 Pleasant Cypress cir
Kissimmee FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2724 Pleasant Cypress cir
Kissimmee FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Benjo St. Fleur

New Registered Office Address:

2724 Pleasant Cypress cir

Enter Florida street address

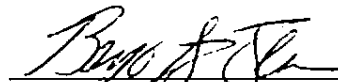
Kissimmee, Florida 34741

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 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>
MGR	Benj St. Fleur	2724 Pleasant Cypress Circle	<input type="checkbox"/> Add
		Kissimmee, FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel Alcy	1317 Edgewater Drive Ste 1805	<input type="checkbox"/> Add
		Orlando, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benj St. Fleur	2724 Pleasant Cypress Circle	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 July 10th, 2023

Bejo J. E.
Signature of member or author

Signature of a member or authorized representative of a member

Benjo H. Fleer

Typed or printed name of signee

Filing Fee: \$25.00