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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lifestyle Management & investment group LIC Name of Limited Ciability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dirothy Mongol Name of Person
Firm/Company
6375 Terra Vista Circle
Lakelcord, EL 33813 City/State and Zip Code
E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Downhy Mongol at (347) 575 3235 12 33 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee & □

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

Lifestyle Management & Investment group UC
(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 Compan Florida document number <u>L2300011348</u> .	y were filed on <u>C3</u>	42023	_ and	d assign	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	nation "LLC" or the abbre	eviatio	m "L.L.C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			r	21	
		=	<u>()</u>	<u> </u>	•
		•••	; ,	* !	
Enter new mailing address, if applicable:				<u></u>	•
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(Mailing address MAY BE A POST OFFICE BOX)			.	:-	
				<u></u>	
B. If amending the registered agent and/or registered office	address on our reco	rds, enter the name	of the		<u>egistered</u>
agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
New Neglatored Office Nations.	Enter Florida	Enter Florida street address			
	, Florida				
	Cuy		Zip (Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent at being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my s provided for in Cha	: duties, and I am fai opter 605, F.S. Or, if	nilia `this	r with docum	and ent is

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
WER	Dendhy Hengol	6375 Terra Vista Circ	<u> €</u> □Add
		Lakeland, FL 33813	□Remove
			l\Change
MGR	Terry Ann Wellin	gian (0375 Terra Vista	zircle □Add
		Lakeland, FL 38B	Remove
			\(\frac{1}{2}\) Change
			□Add
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tive date, if other than th	e date of filing:			(optional)	
ffective date is listed, the date mug. If the date inserted in this b	ist be specific and ca	innot be prior to date	of filing or more than	90 days after filing	.) Pursuant to
ment's effective date on the I			atutory ming requi	errents, and date	will like be
ord specifies a delayed effecti	ve date, but not ar	r effective time, a	12:01 a.m. on the e	earlier of: (b) Th	ne 90th day a
ñled.					
(i)		シング			
1 July 10"		<u> </u>			
Ī	Don the	Man	of a me		
	Signature of/a me	mber or authorized	opresentative of a me	mber	
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Filing Fee: \$25.00