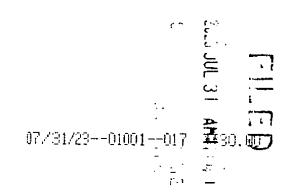
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ALLAHASSEE FLORID

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COVER LETTER

TO: Registration Section Division of Corporations	
A Tark of	Livero LLC.
SUBJECT: Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
Lucero	Name of Person
	Firm/Company
23Z NE	E16th pl cnit 1
Cape Con	City/State and Zip Code
E-mail address:	of lucero @ Amail. (com (to be used for future annual report notification)
For further information concerning this matter, please	call:
Name of Person	at (239) 271 - 6359 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>A Touch</u>	of live	m llc	n aus sagardu)		
(Name of the Limited	A Florida Limited Li	y as it now appears o ability Company)	n our recorus.)		
The Articles of Organization for this Limited Lia		vere filed on	7131123	and assig	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	t <u>he limited liabi</u>	lity company here	:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the design	gnation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applica				<u> </u>	
<u>(Principal office address MUST BE A STREET</u>	(ADDRESS)			<u>-</u>	
Enter new mailing address, if applicable:				Air I	
(Mailing address MAY BE A POST OFFICE B	<u>(OA)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		10 (cmps		me of the new	registei
	Cape	Cocal	, Flo rida _	33909 Zip Code	<u>. </u>

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 t 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lucaro A Compusaro	232 NE 16th pi Unith	<u> </u>
		Cape Coral Fl 33900	<u>}</u> □Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change
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If an effect Note: If	tive date is listed, the the date inserted	than the date of the date must be spec- in this block does on the Departme	eitic and cannot best not meet the	applicable statut	23 iling or more than 9 cory filing require	(optional) 0 days after filing.) I ments, this date w	Pursuant to 605.020 ill not be listed a
ne record s ord is filed		d effective date, l	out not an effec	ctive time, at 12:	01 a.m. on the ea	rlier of: (b) The	90th day after the
Dated _	0713	1123	·	·			
		Signatu	C Company ire of a member of	Ono or authorized repre	esentative of a men	ıber	
		lurero	•				

Filing Fee: \$25.00