LZ3 000 322 459

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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Office Use Only



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08/14/23--01042--804 **30.00

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KEITH HURLEY 484 - 707 - 2385

4215 TURTE MOUND RD MFLBOURNE FL 32934

* NFED TO ADO (ME) T * KEITH HURLEY

MS AN ANTHURIZED MEMBER.

(ME)

COVER LETTER

TO:	Registration Section Division of Corpor			
SHRJE	CT: LIVINH	LODGES LLC		
		Name of Limite	d Liability Company	
The enc	losed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please re	eturn all corresponde	nce concerning this matter to	the following:	
		KEITH HURLEY	Name of Person	
		LIVINH LOOKES		
			Firm/Company	
		906 OCASO LN	# 103 Address	··············
		lockitOht	FL 32955 City/State and Zip Code	<u>-</u> :
	-		City/State and Zip Code COASTUNE Francy be used for future annual report noti	
For furt	her information conc	erning this matter, please call	:	
	KENTH 17 Name of Pe	VALTY rson	at (<u>484</u>) 707 - Area Code Daytim	2385 te Telephone Number
Enclose	d is a check for the f	ollowing amount:		
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>1 13000 322 459</u> .	vere filed on 7/10/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		 :
B. If amending the registered agent and/or registered office ad	dress on our records, enter the na	me of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	
	, Florida	
	City	Zıp 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>	Address	Type of Action
AMBR	KEITH HUZLEY	4215 TURRE MOUND ROAD	☑Add
		MELBOURNE FL 32934	□Remove
			□Change
			□Add
			□Remove
			↑ ☐ Change ;
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AS SOON MS POSSIBLE. 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 8 8 23 Signature of a member or authorized representative of a member Typed or printed name of signee

F7111 F7 CS CO.