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## **COVER LETTER**

CITO IECT				
SOBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Elisa I. Trevin Carmona		
	Division of Corporations  LIFE LIFTERS LLC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  tase return all correspondence concerning this matter to the following:  Elisa I. Trevin Carmona  Name of Person  LIFE LIFTERS LLC  Firm/Company  806 Sky Pine Way Apt 3  Address  Greenacres Florida 33415  City/State and Zip Code  ilianatrevin@gmail.com  F-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call: isa I. Trevin Carmona  Name of Person  Area Code  Daytine Telephone Number  closed is a check for the following amount: 3 \$25.00 Filing Fee  Certificate of Status  Certificate Copy tadditional copy is reclosed)  Mailing Address: Registration Section Division of Corporations  Street Address: Registration Section Division of Corporations			
		LIFE LIFTERS LLC	Address  Address  City/State and Zip Code  om  dress: (to be used for future annual report notification)  lease call:  2561  Area Code  Daytime Telephone Number  Street Address:  Registration Section  Division of Corporations	
	Division of Corporations  LIFE LIFTERS LLC  Name of Limited Liability Company  seed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Elisa L Trevin Carmona  Name of Person  LIFE LIFTERS LLC  Firm/Company  806 Sky Pine Way Apt 3  Address  Greenaeres Florida 33415  City/State and Zip Code  illianatrevin@gmail.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  Frevin Carmona  Name of Person  Area Code  Daytime Telephone Number  is a check for the following amount:  00 Filing Fee  Certificate of Status  Certificat Copy (additional copy is enclosed)  Mailing Address:  Registration Section			
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			Address	
		Greenacres Florida 33415	i	
			City/State and Zip Code	
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				incanon)
For further	r information c	oncerning this matter, please co	all:	
Elisa I. Tr	evin Carmona			
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
			Division of Co	rporations
		•	The Centre of	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFE LIFTERS LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/05/2023 and assigned
lorida document number L23000460628	
this amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab	ility company here:
IFT LIFTERS LLC	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	806 SKY PINE WAY APT 3
Principal office address MUST BE A STREET ADDRESS)	GREENACRES.FL 33415
Enter new mailing address, if applicable:	806 SKY PINE WAY APT 3
Mailing address MAY BE A POST OFFICE BOX)	GREENACRES, FL 33415
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida

## 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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if an effect Note: I	cetive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	.0207 ed as
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	r the
Dated _	0205.24	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00