L23000489691

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	C	COVER LETTER		
TO: Registration Se Division of Cor	porations			
subject:	J. B. Liv	ing Life LL ed Liability Company	.C	
The enclosed Articles of	Amendment and fec(s) are subm	nitted for filing.		
Please return all correspo	ndence concerning this matter to	o the following:		
	Merzelia	Dorsainvil Name of Person	Bertilus	
		Living Life Firm/Company		
	1822 Ridg	emoor St Address		
	Lehigh A	Cres FL 330 City/State and Zip Code	272 2hoo Cem 2:55	
	E-mail address: (to	be used for future annual report notifi	ication)	
For further information c	oncerning this matter, please cal	И:		
Merzelia Name o	Bertilus	at (239) 292 · Area Code Daytime	- 2544 Telephone Number	
Enclosed is a check for the	he 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

J.B. Living		
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 230004896</u> 91	were filed on 10 26 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Alu		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	5, 5
	·	-5
		100 100
Enter new mailing address, if applicable:		07 18
Mailing address MAY BE A POST OFFICE BOX)	NA	···
	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent: Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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
AMBIZ	Merzelia Dorgainvil	1822 Ridgemoor St Lehigh Acres FL 3397	🗆 Add
	Bertilus	Lehigh Acres FL 3397	2 . □Remove
			Change
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(If an effective dance Note: If the d	te, if other than ate is listed, the date date inserted in this ffective date on the	must be specific ar is block does not	nd cannot be prior	to date of filing o	r more than 90 day	(optional) ys after filing.) ts, this date w	Pursuant vill not b	to 605.02 pe listed	207 (3 . as th
he record specif ord is filed.	fies a delayed effe			ime, at 12:01 a.1	n. on the earlier	of: (b) The	90th da	y after th	he
ora is mea.	1 /	24	.,	·					
Dated	122/20	<u></u>	/						