

LA40000044595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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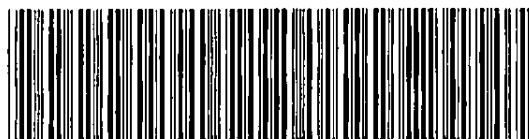
(Business Entity Name)

(Document Number)

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2024 APR -1 PM 4:05  
04/01/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIV-WELL CONSULTING GROUP

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAURICE L. SLOAN

\_\_\_\_\_  
Name of Person

LIV-WELL CONSULTING GROUP

\_\_\_\_\_  
Firm/Company

10810 BOYETTE ROAD UNIT 2841

\_\_\_\_\_  
Address

RIVERVIEW, FL 33569

\_\_\_\_\_  
City/State and Zip Code

livwellconsultinggroup@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAURICE L. SLOAN

813 309-2038  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

12505 BURGESS HILL DRIVE

RIVERVIEW, FL 33579

***(Mailing address MAY BE A POST OFFICE BOX)***

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

**, Florida**

City

Zip Code

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	MAURICE L. SLOAN	10810 BOYETTE ROAD UNIT 2841	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHNATHAN WILLIAMS	2812 HILLIARD DRIVE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM EPPS	2812 HILLIARD DRIVE	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSE SLOAN	10810 BOYETTE ROAD UNIT 2841	<input checked="" type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Dated MARCH 23, 2024

2024

MAURICE L. SLOAN

**Filing Fee: \$25.00**