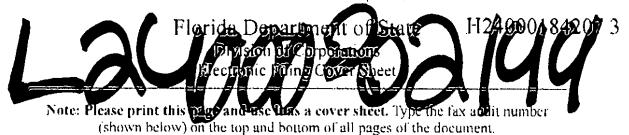
5/22/24, 6:04 PM

Division of Corporations



(((H24000184207 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone : (512)597-0678 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVING THE LIFE NOCATEE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04 .
Estimated Charge	S25.00

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## **COVER LETTER**

H24000184207 3

	gistration Se vision of Cor			
enn inen	Living The	Life Nocatee LLC		
SUBJECT	ζ	Name of Lim	ited Liability Company	·
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Diego Cruz		
			Name of Person	<del></del>
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite :	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	······································
		fulfillment@zenbusiness.co	on) to be used for future annual report notif	(region)
For further	information c	oncerning this matter, please of		Мака
	siness INC	·	844 493-6249	
		r Person	at ( )	e Telephone Number
De de ad le		or C.H. or in a constant		
		ne following amount:	Flees on unua par e	7 540 00 EIBm. Eng
<b>E</b> 525.00	Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	\$55.00 Filing Fee &     Certified Copy     (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>radditional copy is enclosed)</li> </ul>
	ailingAddres Egistration S		<u>StreetAddress:</u> Registration Sec	otion
		orporations	Division of Cor	
P.:	O. Box 632	7	The Centre of T	allahassee
Tı	illahassee, I	FL 32314	2415 N. Monroo Taflahassee, FL	e Street, Suite 810 32303

To:

## ARTICLES OF AMENDMENT TO

H240001842073

ARTICLES OF ORGANIZATION **OF** 

Living The Life Nocatee LLC (Name of the Limited Liability Cor(A Florida Limited))	mpany as it now appears on ted Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Comp.	any were filed on 2024-0	4-30	andassigned
Florida document number L24000202144			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
Life in the Sun Magazine LLC			
The new name most be distinguishable and contain the words "Limited 4.	inbility Company," the design	ation "LLC" or the abbrevi	ition "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	3
B. If amending the registered agent and/or registered offi	ce address on our recor		
agent and/or the new registered office address here:		G ·	
Name of New Registered Agent:			<del></del>
New Registered Office Address:			<u>&gt;</u>
	Enter Floridas	treet addréss 🔊	<b>3</b> 4
		, Florida	
	Cuy	Zi	p Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a	agree to act in this cape	icity. I further agree to	o comply with th

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

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10.		1 444.

2024-05-23 13:09:14 UTC÷14

18506176383

From: ZenBusiness User

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
	A		□Add
			□Remove
			□Change
			□Add
			□Reniove
			Change
			🗆 Add
			□Remove
			Change
····	All the second s		□Add
			□Remove
			□Change
<del></del>			□ Add
		□Remo	□Remove
			Change
<del> </del>			🗆 Add
			□Remove
			©Change

To:

H24000184207 3

	ve date, but not an effective to	ime, at 12:01 a.m. on the	e carlier of: (b) The	00th day after the
effective date is listed, the date mute:  If the date inserted in this buttenent's effective date on the l	plock does not meet the applic Department of State's records.	able statutory filing req	uirements, this date w	ill not be listed as
ective date, if other than th	e date of filing:		(optional)	
				72-71-11-27-2-17
<u> </u>				
				******************
W				
4	<del></del>			