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SECRETARY OF STATE
TALLAHASSEE, FL

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	SLivinarts Name of Limit	LLC ted Liability Company	<del></del>
	·	,	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	— Jæy	Sofiano Name of Person	
		Livia arts (/C Finm/Company	2024 JUI SECRI
	6.05 Cu	Ja Park court C	TALLAHASSEE, FL
		fity/State and Zip Code	3: 39 EE. FL
For further information Co	E-mail address: (in the matter, please or	nane, each 1115 (a) g to be used for future annual report noti	nail.cam fication)
Name of	Person	Area Code Daytin	293 1177 te Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection
Division of C	corporations	Division of Co	rporations
P.O. Box 632	.7	The Centre of	Tallanassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability Compa (A Florida Limited I	Linv as it now appears on our records.) Clability Company)
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		were filed onaq - 30 - 24 and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	Florida document number <u>[2400202443</u>	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the new registered agent and/or the new registered Agent:  New Registered Office Address:  Enter Florida sweet address  Florida  Florida	This amendment is submitted to amend the following:	
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 address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida	A. If amending name, enter the new name of the limited liab	ility company here:
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address	Enter new principal offices address, if applicable:	605 casa Park count 0
Mailing address MAY BE A POST OFFICE BOX  Lipter Strings SL 32-73  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida		winter springs FL 132 708
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	0	4 spings SL 3298
New Registered Office Address:  Enter Florida street address  Florida	B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Enter Florida street address , Florida	Name of New Registered Agent:	
	New Registered Office Address:	Enter Florida street address
City Zip Code		, Florida
	<del></del>	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
<u>AMBA</u>	Jory Sociano	605 casa park court 0	□Ađd
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			□ Add
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Effective date	e if other tha	n the date of t	filing:			(optional	)	
(If an effective da <u>Note:</u> If the d	te is listed, the da	te must be specif his block does	ic and cannot be not meet the a	ipplicable statut	iling or more than 9 ory filing require	0 days after filing	g.) Pursuant to	o 605.0207 ( Elisted as t
					01 a.m. on the ca		he 90th day	after the
Dated	Ancs day	May 4		<u> 29</u> -	sentative of a mem			
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