



(Requestor's Name)				
(Address)				
(Address)				
(dailess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300431394403

06/13/24--01024--009 **25.00

2024 JUN 13 PM 2: 05

COVER LETTER

TO: Registration S Division of Co			
	RCIAL FOR LIFE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ariel Yisraelian		
	_	Name of Person	
		Firm/Company	
	84 w 21 st		
		Address	
	Riviera Beach, FL 33404		
	ariely2000@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Ariel		561 962-1033	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a cheek for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	2881	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

r records.)
and assigned
on "LLC" or the abbreviation "L.L.C."
22
;; 3 F
12
05
, enter the name of the new register
et address
4 tua(a £ 22)
, Florida = 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
MGR	MOSHE, SAM	2600 ISLAND BLVD, APT 505	□Add
		AVENTURA, FL 33160	\Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Chanan

	All other information will stay the same.
	· · · · · · · · · · · · · · · · · · ·
	06/01/2024
Effec If an e	tive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	nent's effective date on the Department of State's records.
ne reco ord is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
10 15 (iica,
	06/07/2024
Dated	· · · · · · · · · · · · · · · · · · ·
	Hring -
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Ariel, Yisraelian, MGR

Filing Fee: \$25.00