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FILED

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	SOLUTIONS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joseph	Name of Person	
		Firm/Company	
	401 Laz	Address	
	COOK Hill	FL 32759 City/State and Zip Code	 _
	RCKV3WØr E-mail address: (to be used for future annual report not	ffication)
For further information c	oncerning this matter, please c	all:	
JOSEPH LIVORSI		321 693-9300 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address: Registration Se	ection
Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Livorsi Solutions L	-LC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our reco liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000494045</u> .	were filed on <u>//- 25-</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024 <u>[</u> SECK
(Principal office address MUST BE A STREET ADDRESS)		
		N + F
		SEP I
Enter new mailing address, if applicable:		Es E
(Mailing address MAY BE A POST OFFICE BOX)		32 <u>32 </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u> o	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	,	Florida
	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>	<u>Address</u>	Type of Action
MGR	SIERRA LIVORSI	421 LAZY Z LANE OAK HILL FL 32759	□Add
			■Remove
			□Change
AMBR JOSEPH LIVORSI	JOSEPH LIVORSI	421 LAZY Z LN OAK HILL FL 32759	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Петюче
			□Change
			□Add
			Петюvе
			□Change
			□Add
		<u>-</u>	□ Remove

D. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effo <u>Note:</u> I	ve date, if other than the date of filing:
If the record record is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	TOSEPH D Livors Typed or printed name of signee