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COVER LETTER

Division of Corporations
SUBJECT: ABILITY TO INFLUENE ULC 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:
LARRY S. HOPPER JR. Name of Person
ABILITY TO INFLUENCE LLC Firm/Company
19818 PRINCE BENJAMIN DR. Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 918-8609 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Boxed{1}\$ \$25.00 \text{ Filing Fee} \text{ \$\boxed{1}\$} \$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\boxed{1}\$} \$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \text{ \$\boxed{1}\$} \$\boxed{1}\$

TO:

Registration Section

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABILITY TO	INFLUENCE L	LC
(Name of the Limited Liability Comp (A Florida Limited		
The Articles of Organization for this Limited Liability Company Florida document number <u>L/1/000039502</u>	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
STEVE HOPPER IN TE	RNATIONAL L	LC
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19818 PRINC LUTZ FLOK	CE BENJAMIN DR
(Principal office address MUST BE A STREET ADDRESS)	LUTZ FLOK	CIDA 33549
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		Ø ₹.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida street address	
	, Flor	rida
	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 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>	Name	Address	Type of Action
			☐ Remove
			□ Add
			☐ Remove
			☐ Change
			
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Filing Fee: \$25.00