L24000525455

uestor's Name)	
ress)	
ress)	
/State/Zip/Phon	e #)
MAIT	MAIL
ness Entity Nar	me)
ument Number)	
Certificates	s of Status
iling Officer:	
	ress) State/Zip/Phon WAIT ness Entity Nar ument Number)

Office Use Only



800444397868

02/19/25--01044--018 **25.00

2025 FEB 18 AM 9: 2

Docusign Envelope ID: 3A895B3B-6684-4281-AD2E-7B16439F1AD5 COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Co			
eun iez				•
SOBJEC	.1:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	API Law Firm/Company City/State and Zip Code renewals@api.law E-mail address: (to be used for future annual report notification) concerning this matter, please call: Area Code Tereson API State and Zip Code renewals@api.law Concerning this matter, please call: Section Street Address: Section Street Address: Registration Section		
		Karen		
			Name of Person	
		API Law		
			Firm/Company	
		260 S 1200 W		
			Address	
		Orem, UT 84095		
			City/State and Zip Code	
		- -		
			•	tification)
For furthe	er information of	concerning this matter, please c	all:	
Karen				
	Name o	of Person	Area Code Daytin	nc Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25. 0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			
	Registration : Division of C			
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Docusign Envelope ID: 3A895B3B-6684-4281-AD2E-7B16439F1AD5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2025 FEB 18 AM 9: 29

Raising The Future Group, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	FLORIDA
of Organization for this Limited Liability Company were filed on 12/19/2024	and assis

The Articles of Organization for this Limited Liability Compar	ny were filed on 12/19/2024	and assigned
Florida document number L24000525455		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
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 "L.L.C." 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		
	e address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	`lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>at:</u>	
I hereby accent the appointment as registered agent and a	gree to act in this canacity If	inther garee to comply with the

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 Re	gistered Agent	Signature of N	lew Registered	Agent

Docusign Envelope ID: 3A895B3B-6684-4281-AD2E-7B16439F1AD5
II amenuing Authorized rerson(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
AMBR	JNJ Enterprises, LLC	30 N Gould St Ste R	∃ Add
		Sheridan, WY 82801	□Remove
			□Change
MGR	Nicole Gonzalez	PO Box 773551	DAdd
		Coral Springs, FL 33077	■Remove
			□Change
			□Add
			□Change
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□Remove
			□Change

		<u> </u>		_
				_
	 -		<u>_</u>	
<u>-</u>		_ ,		
				_
		<u> </u>	<u> </u>	_
				
				_
			2025 TĂĹ	
			AHASSI	
	_		388	_{
				- [<u></u>
			بي چ	
			RIO	•
				_
	 -		n	
ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prior to ck does not meet the applicabl	date of filing or more than 9 e statutory filing require	(optional) 0 days after filing.) Pursuant to ments, this date will not be	605.0207 listed as
record specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the ear	rlier of: (b) The 90th day a	ifter the
January 22	2025			
ated		•		
ated				
Mide Gonzalez	Signature of a member or authorize	ed representative of a mem	ber	

Filing Fee: \$25.00