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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MENTORING AT HAND L.L.C.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MENTORING AT HAND L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 04/25/2016 and assigned
Florida document number L16000080358	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4th St N
(Principal office address MUST BE A STREET ADDRESS)	STE 300
	St. Petersburg FL 33702
	7901 4th St N
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  St. Petersburg FL 33702	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	
Name Danietara I Office Address:	
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chai	nging 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>	<u>Name</u>	Address	Type of Action
MGR	CLINTON FORBES	901 QUAYE LAKE CIRCLE	
		Unit 102	☑ Remove
		WELLINGTON, FL 33411	□ Change
MGR_	Innovative Investment Enterprise LLC	7901 4TH ST N.	☑ Add
		STE 300	☐ Remove
		ST. PETERSBURG, FL 33702	🗆 Change
			□ Remove
			Change
			All ASSER EN 19
			☐ Remove
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ctive date, if other than the effective date is listed, the date mu :: If the date inserted in this biument's effective date on the D	st be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed
ecord specifies a delaye ne 90th day after the rec		ive time, at 12:01 a.m. on the earlier
o5/20	2021	
Riley Park	Signature of a member or authorized represent	tative of a member

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