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(Requ	estor's Name)	
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(City/S	State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only

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# **COVER LETTER**

Division of Co		·	
VISION.: SUBJECT: _	MOTIVATION & HOPELLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	Derek Griggs		
		Name of Person	
	VISION,MOTIVATION &	& HOPE,LLC	
		Firm/Company	
	519 Fitzgerald		
		Address	
	Maitland Fl 32751		
	derekgriggs64@gmail.com	City/State and Zip Code	
	=	to be used for future annual report notit	ication)
For further information	concerning this matter, please ca	all:	
Derek Griggs		407 775-8725	
Name	of Person	at () Area Code Daytimo	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 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

VISION, MOTIVATION & HOPE, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 06/29/2016	and assigned
Torida document number L16000124961	<del></del>	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Vision, Faith, Motivation.LLC		71
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation L.L.C."
Inter new principal offices address, if applicable:	519 Fitzgerald Dr. Maitland Fl. 32751	Ale m
Principal office address MUST BE A STREET ADDRESS)		\$2.0
Enter new mailing address, if applicable:	519 Fitzgerald Dr Maitland Fl 32751	7: 12 7: 12 1 0810
Mailing address MAY BE A POST OFFICE BOX)	:	
	<u>.                                      </u>	<u>,</u>
3. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the
egistered agent and/or the new registered office address her	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u></u>
	, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 2 of	f3		

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lffec	ve date, if other than the date of filing:	al)		
Note:	retive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pur ate_will	suant to 6 not be li	605.0207 ( isted as t
docun	ent's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n on I	the ear	dier of
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The	Don't			
The	Pugust 20 DOK			
The	August 20 . Dols.			
The	August 20 . 9018 .  Signature of a finember or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00