## L1600124961

FROM: (407) 775-8725 DEREK GRIGGS	
519 FITZGERALD DR	
MAITLAND FL 32751	
10	· <del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor					
SUBJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_	on faith Motivation	LLC			
	Name of Lir	nited Liability Company		J	
_			7619 06		ָד . ז
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	· · · · · · · · · · · · · · · · · · ·	- <del>-</del> i	
Please return all correspo	ondence concerning this matter	to the following:		אס מי	•
	Derce Al	Name of Resson	· :	PE 19: 1: 8	Ø
	Vision faith, mo	Firm/Company			
	SIA throughold De	Address			
	Marthand FL 32=	City/State and Zip Code			
	Jerelcorica a CH.  Germaniadoress:	October used for future annual report notif	ication)	<del>7.3</del>	
For further information co	oncerning this matter, please c	all:			7
Dereil Chiga	<b>s</b>	at (407_) <del>1</del> 75-87	-25	da Sit	
NS-hebi	Person	Area Code Daytime	Telephone Number	E 0: 50	5.65 7.75 7.77
Enclosed is a check for th	e tollowing amount:				Ü
\$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 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





November 21, 2018

DEREK GRIGGS 519 FITZGERALD DR MAITLAND, FL 32751

SUBJECT: VISION, FAITH, MOTIVATION, LLC

Ref. Number: L16000124961

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

We received your check but there was no documents with it. Please complete the proper form and return them to my attention.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 718A00023978

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vision, faith, monvation LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 11000124901	were filed on Oblanius and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility 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:	SIM Fuzzgarald Or Marthant Fr 32751
(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 of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	nager thorized Member	• • •	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
			🗆 Add

		Remove
		Change
<del></del>	 	
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		Remove
		🗖 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I warm to Change my LLC Purpose From buying and Salling Coss
to Any and all lawful Business
I also would like to from my LLC into a holding company LC
That is capable of buying and owning other small companys.
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated 10/24 October 24 , 2018.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00