L17000038548

(F	Requestor's Name)
(/	Address)
	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:





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COVER LETTER

TO:	Registration Se Division of Cor			
C11D 11		to Wealth LLC		
SUBJI		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Josh Ray		
			Name of Person	-
		Motivation to Wealth LLC		
			Firm/Company	
		13114 Sanctuary Cove Dr.		
			Address	_
		Temple Terrace, FL, 33637	7	
			City/State and Zip Code	
		joshray1007@gmail.com E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca		
Josh R.	ay		813 399-6602	
Name of Person			Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$ \$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Motivation to Wealth		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 2/17/2017	and assigned
lorida document number 1.1700038548		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI.C" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		2:
Mailing address MAY BE A POST OFFICE BOX)		7 4
		16 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
3. If amending the registered agent and/or registered	office address on our records, ent	er the name of the
<u>egistered agent and/or the new registered office address he</u>	<u>re</u> :	100 H
		REAL PROPERTY.
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
COO	Kenneth Ramclam	13114 Sanctuary Cove Dr. 101	
		Temple Terrace F1, 33637	■ Remove
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ective date, if other the effective date is listed, the	han the date of fili	ng:	date of filing or man	(optional)	0% 2%	:: :::Eos 0
te: If the date inserted in nument's effective date of	in this block does not	meet the applicab				
record specifies a c he 90th day after t			an effective tim	ne, at 12:01 a.m.	on the	earlier
ed August 22		2017	. •			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00