L18000021063

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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DEC 0.7 2020

Incorporating Services, Ltd.

1540 Glenway Drive Tállahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

R	EQ	UE:	ST	DATE	: 12/4,	/2020

PRIORITY Routine

OUR REF # (Order ID#) 874114

ORDER ENTITY____ MEANINGFULNET LLC

ŅΙ	.EASE	PERFOR	M THE	FOL	LOWIN	G S	ERVI	CES:
		INIOPELIA NE		~ / F	-1 5			

MEANINGFULNET LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:____

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, December 4, 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEANINGFULNET LLC (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 January 24, 2018 ____ and assigned Florida document number _____1.18000021063 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 "LLC." 2550 Goodlette Rd N Enter new principal offices address, if applicable: Naples, FL 34103 (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

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

__. Florida __

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	Robert A. Walton	2550 Goodlette Rd N	= Add
		Naples, FL 34103	□Remove
			□Change
AMBR	BRING ABUNDANCE, LLC	9045 Strada Stell Court, Ste. 500	□ Add
		Naples, F1, 34109	■Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
		- 10	Remove
			□Change
			□Add
			□Remove
			□ Change

). If amendir	ng any other information.	, enter change(s) here:	(Attach addition	al sheets, if necessar,	v.)
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Note: If th	date, if other than the date e date is listed, the date must be some date inserted in this block of seffective date on the Depart	pecific and cannot be prior to loes not meet the applical	o date of filing or mon	(optional) e than 90 days after filing. requirements, this date	.) Pursuant to 605,0207 (3)(
the record specord is filed.	ecifies a delayed effective dat	e, but not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
Dated	December 3	2020			
-	Sign	ature of a member or author	ized representative of	a member	
		Rita Silverman, Autho	rized Representativ	'e	
-		Typed or printed	-		

Filing Fee: \$25.00