## 118000116815

(R	equestor's Name)	-
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE
TALL MHASSEE, FLORIDA

T SCHROEDER

## **COVER LETTER**

TO:	Registration Se Division of Cor			
etio i	Driving Ch	ange, LLC		
SUBJ	P.C.1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Deb Munger		
			Name of Person	
		Driving Change, LLC		
			Firm/Company	
		306 Mimosa Court		
			Address	<del></del>
		Naples, FL 34110		
		debNaplesFlorida@gmail.e	City/State and Zip Code om	
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please co	all:	
Deb M	Aunger		612 802-8008 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	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

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on May 9, 2018	and assigned
Florida document number L18000116815	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	S£@ <b>7</b>
		AND EC TI
		ARY OF F
Enter new mailing address, if applicable:		ाद 📴 🔟
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del> -	ÖÄ 👅
		<b>(b)</b>
	red office address on our rec	ords, <u>enter the name of th</u>
the contract of the contract o	ess here:	
	ess here:	
egistered agent and/or the new registered office addre		
Name of New Registered Agent:	ess here: Enter Florida street ad	ddress
registered agent and/or the new registered office addre  Name of New Registered Agent:	Enter Florida street a	ddress _, Florida Zip Code

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 = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
Owner	Deb Munger (Mgri)	306 Mimosa Court Naples, FL 34110	<b>⊌</b> Add
	AMBIC		
			Remove
			Change
			Remove
			SECO Change
			Change Change
<del></del>			SSS 9D Remove
			<b>(b)</b> □ Change
			□ Add
			□ Remove
		<del>-</del>	☐ Change
			☐ Remove
			Change
			☐ Remove
			Change

(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 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.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:	). If amending any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00