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COVER LETTER

era reza	MOETIVATED, INC.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		MOHAMMED ALLI	
		Name of Person	
		Firm/Company	
		25 RUNNING OAK LANE	
	Wi	Address NTER GARDEN, FL 34787	
		City/State and Zip Code MOE320@GMAIL.COM	
	E-mail address: (to be used for future annual report notif	cation)
For further informatio	n concerning this matter, please c	all:	
MOHAMMED ALLI		908 510 - 5142 at ()	
,Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
S25.00 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

:	MOETIVATED, INC.		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea a Limited Liability Company)	urs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on _	FEBRUARY 27, 2019	and assigned
Florida document numberL19000057844	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company h	<u>iere</u> :	
	VATED, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
<u> </u>			
			240
Enter new mailing address, if applicable:		7	
(Mailing address MAY BE A POST OFFICE BOX)			• 1
		-	2
			·
B. If amending the registered agent and/or regis	tered office address o	n our records, enter th	ne name of the ne
registered agent and/or the new registered office add	ress here:		
Name of New Registered Agent:			·
New Registered Office Address:			
THE RESIDENCE STITLE (TOTAL CIT.	Enter Flo	rida street address	
		. Florida	
	City	, riortua	Zin 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 = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			☐ Remove
			Change
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Note: If the	ate, if other than the date date is listed, the date must be so date inserted in this block of effective date on the Depart	pecific and can loes not meet	inot be prior to the applicat	o date of filing o	r more than 90 c	lays after filing.)	Pursuant to 605,020 fill not be listed a
the record The 90t	specifies a delayed eff h day after the record	ective date is filed.	e, but not	an effective	e time, at 1	2:01 a.m. o	n the earlier o
	FEBRUARY 27	· 2	019	<u>.</u>			
Dated		_					
Dated		Le Al	4				
Dated	Sign	afure of mem	ber or authori	zed representat	ive of a member		

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Filing Fee: \$25.00