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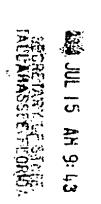
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:	PARKINSO	ON'S WITH A PURPOSE LLO		<b>26</b>
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JENNIFER N RICCI		
			Name of Person	
			Firm/Company	<u></u>
		PO BOX 14172		
			Address	
		BRADENTON, FL 34280	)	
		rosspfingsten@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	lification)
For further in	nformation c	oncerning this matter, please ca	all:	
ROSS PFIN	GSTEN CP	A PA	941 750-6800 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building	
		assee, FL 32314	2661 Executive C	enter Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PARKINSON'S WITH A PURPOSE 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 Comp	pany were filed on $\frac{03/22}{1}$	/2019	and assigned
Florida document number 1.19000080948			4.
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	:	
Mind to Move LLC			
The new name must be distinguishable and contain the words "Limited I	Liability Company," the desig	gnation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES:	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of the no
Name of New Registered Agent:			
New Registered Office Address:	Est in Elimida	street address	
	rater r torida	Mreet address	
	City	Florida	Zin Code
New Registered Agent's Signature, if changing Registered Ag	•		

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 adde or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	Add
		<del> </del>	□ Remove
		<del></del>	Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
		<u>.</u>	Change
			Add
			☐ Remove
			Change
			□ Remove
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			Remove
		,	□ Change

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If an effect Note: If	e date, if other than the date of filing:
he reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
he reco The 9 Dated _	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.    July     Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00