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To:

Division of Corporations

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From:

: LEGALZOOM.COM INC. Account Name

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASHLEY CARE AGENCY LLC

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COVER LETTER

	egistration Sec dvision of Corp				
SUBJECT		ARE AGENCY LLC			
St/DJFA, I	·	Name of Limite	ed Liability Company		
		Amendment and fee(s) are submindence concerning this matter to			
		Cheyenne Maseley			
			Name of Person		****
		Legalzoom.com, Inc.			
			Firm'Company		_
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Cheyenne	: Moseley		S(X) 77.)- al ()	0888	, 10;1; 10;1;
	Name o	f Person	Area Code	Daytime Telephone Numb	ner -
Enclosed	is a check for t	he following amount			
\$25.00	0 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certific	Filing Fee, cate of Status & cd Copy is enclosed)
	MAIL	ING ADDRESS:	STREET	COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHLEY CARE AGENCY LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our renuted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 01/14/2020	and assigned
Florida document number 1.20006020976		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Aspiring Devoted Mission Moguls Group LLC		
The new name must be distinguishable and contain the words "Limite	d 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>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		50 SEP 23 11 17 17 17 17 17 17 17 17 17 17 17 17
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our rec ss here:	eords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	Zip Cock
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

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

Title	Name	Address	Type of Action
			□ Add
			☐ Remove
		,	Change
			□ Remove
			Change
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			☐ Remove
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E. Effective date, if other than the date of filing:

(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)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed.

Dated 09 83 20		
	Signature of a member or authorized representative of a member	
4	Signature of a member or authorized representative of a member	
Anthony Ashley Jr.		
	Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00