# L20 000371286

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### **COVER LETTER**

ΓΟ: Registration Sec Division of Corp			
SUBJECT:	Jultivating 1 Name of Lim	MIN ds LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	A	1 drew Sangster	
		Name of Person  Hivating Minds  Firm/Company	LLC
		03 Rosemary Dr Address	
	<u></u>	City/State and Zip Code	07
	Andrew	City/State and Zip Code  J. SOW G SHE (X @ GY)  to be used for future annual report notifi	nail com
For further information co	ncerning this matter, please c		
Andrew (	Sangster	at (850) C91 — Daytime	2951 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50.00 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address	

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	inv as it now appears on our re	cords.)
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 371 280</u>	were filed on 1 21	4 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Kultivating Minds LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 agent and/or the new registered office address here:		nter the name of the new registe
Name of New Registered Agent:		0
		<u> </u>
New Registered Office Address:	Enter Florida street ac	ddress
	. Florida Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my dutie. provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
			□Add
			□Remove
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Note: If the date i	other than the date of filing:
the record specifies a cord is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	02/05 2021 Andrew Congetis
	Signature of a member or authorized representative of a member
	Andrew Sangster Typed or printed name of signee

. . . .

Filing Fee: \$25.00