

121000077621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

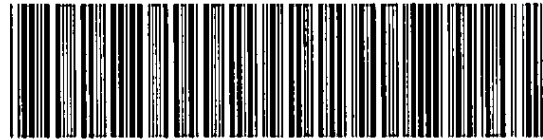
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600365010416

04/29/21--01008--010 **60.00

2021 APR 29 PM 3:10
FBI - NEW YORK
RECEIVED

UK
6/10/21

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: LET RISE GRANT ADMINISTRATION, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARISE HARDY

Name of Person

Firm/Company

PO BOX 620286

Address

OVIEDO, FL 32762

City/State and Zip Code

CHARISEH24@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARISE HARDY

407

300-3555

at ()

Name of Person

Area Code

Daytime 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)

☒ \$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 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**

Let Rise Grant Administration, 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 Company were filed on FEBRUARY 15, 2021 and assigned
Florida document number L21000077621.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LIVE LIFE TRAVEL ENCOUNTERS, LLC,

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1640 OVIEDO GROVE CIRCLE #3

OVIEDO, FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 620286

OVIEDO, FL 32762

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CHARISE HARDY

New Registered Office Address:

1640 OVIEDO GROVE CIRCLE #3

Enter Florida street address

OVIEDO


City

, Florida 32765

Zip 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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHARISE HARDY	1640 OVIEDO GROVE CIRCLE, #3, OVIEDO, FL 32	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARISE HARDY	1640 OVIEDO GROVE CIRCLE, #3, OVIEDO, FL 32	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ULETTE MCCARTHY	649 JAMESTOWN BLVD #1172, ALTAMONTE SPR	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE - ARTICLE III - PROVIDING GRANT WRITING ADMINISTRATION SERVICES TO THE
COMMUNITY.

ADD - ARTICLE III - TO PROVIDE AN ULTIMATE TRAVEL EXPERIENCE.

2021 APR 29 PM 3:10
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

E. Effective date, if other than the date of filing: MARCH 24, 2021 (optional)

(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 APRIL 22, 2021



Signature of a member or authorized representative of a member

CHARISE HARDY

Typed or printed name of signee