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ALLIAGASSEE FLORIOA

AUG 2 5 2022

S. PRATHER

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: Progre	SSIVE Minds	ted Liability Company	 -
	Name of Linit	eed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Yies J	OSCAN	
	Progres	Sive Mindset, L	46
	495 13th	Strelt SW Address	
	Nero Bea	A FL 3296 City/State and Zip Code	2
-	UNO E-mail address: (t	17@ Yahoo: Com	notification)
For further information conc	erning this matter, please ca	·	
VVLS Joseph Name of Pe	rson	at \/	209 - 8179 Sylime Telephone Number
Enclosed is a check for the f	_		
□ \$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 Sec Division of Corp		Street Address Registration Division of	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	Es =
The Articles of Organization for this Limited Liability C Florida document number <u>L220001772</u>	Ompany were filed on 4/13/2022 46	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida,	Zıp 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 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
MGR	Wes Joseph	493 13th St SW VC	CO BECLERADO
		493 13th St SW VC FL, 32962	□Remove
			□Change
			□Add
			Remove
			□Change
 			□Add
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			🗆 Change
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			DAdd
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			Remove
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Huthori	zed Person	Will be	YVES JE	seph,	
I forgot	to fill this	fart out	on Web	5,k	
			 		
					
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			y ming requirem	ents, this date win	not be fished as
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Note: If the date inserted document's effective date record specifies a delayed d is filed.	d effective date, but not an ef	Tective time, at 12:01			2022 JUN
Note: If the date inserted document's effective date record specifies a delayed d is filed.	d effective date, but not an ef		ntative of a membe		2022 JUN -

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