## Florida Department of State Division of Corporation

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000286912 3)))



H220002869123ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOM HOPKINS SALES ACADEMY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Tom Hopkins Sales Academy 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 villerida document number L22000361254	were filed on <u>08/16/22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	<b>2022</b> SEC
Name of New Registered Agent:	1.44-1.44-1.44-1.44-1.44-1.44-1.44-1.44	**************************************
New Registered Office Address:	Enter Florida street address , Florida	PROVED AND FILED PROVED SSEE, FLO
Non-Decisional County County of shanging Decistored Agents	City	Zip Cods

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
AMBR	MCCARTHY ENTERPRISES LLC	9115 STRADA PL 5305	□Add
		NAPLES, FL 34108	⊠Remove
			□Change
AMBR	McCarthy Company Enterprise LLC	9115 STRADA PL 5305	XiAdd
		NAPLES, FL 34108	□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
<del></del>			□Add
			□Remove
			□Change

			MK T				
		•••					<u> </u>
				·		<del> </del>	<del> </del>
<del> </del>	· <del></del>		<del>.</del>		<del></del>		
		<del></del>	<del></del>				<u>.</u>
					· <del></del> -		
					<u>-</u> .		
							<del></del>
				···		_,	
Effective date, if other than the date must be a ceffective date is listed, the date must be a feet in this block document's effective date on the Department.	ek does not n	neet the applic	cable statuto	ng or more that ry filing requ	(option 90 days after irements, this	onal) filing.) Pursuant date will not	to 605.0207 ( be listed as t
record specifies a delayed effective d is filed.	date, but not	an effective t	ime, at 12:0	l a.m. on the	earlier of: (b)	The 90th da	y after the
Dated August 24		2022	·				
<del></del>	iangtum of a	2: Leary 7	Doriged seasons	minipa of a m	ember	······································	*****
	ignature or a t	member of add	orized represe	cinative Ot a III	ci.ibei		
Riley Park							

. .

Filing Fee: \$25.00