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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 JAN -3 PM 3:34
FORM 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Little Guard Dogs 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:

Dr. Nneka Hunter
Name of Person

Firm/Company

8415 Sycamore Tree Drive
Address

Tampa FL 33614
City/State and Zip Code

drnsspire@gmail.com
E-mail address: (to be used for future annual report notification)

2024 JAN 20 11 50 AM
SECRETARY OF STATE
TALLAHASSEE, FL
RECEIVED

For further information concerning this matter, please call:

Dr. Nneka Hunter at (813) 591-8022
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

Little Guard Dogs 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 11/29/2022 and assigned Florida document number 22000503944

This amendment is submitted to amend the following:

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

Motivational Group 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)

8415 Sycamore Tree Drive
apt 201
Tampa FL 33614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8415 Sycamore Tree Drive
apt 201
Tampa FL 33614

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:

Dr. Nneka Hunter

New Registered Office Address:

8415 Sycamore Tree Drive apt 201
Enter Florida street address

Tampa City, Florida, 33614 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.

Dr. Nneka M. Hunter
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>
P	Hayward Hunter III	8415 Sycamore Tree Drive apt 201	<input type="checkbox"/> Add
		Tampa FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Dr. Nneka Hunter	8415 Sycamore Tree Drive apt 201	<input checked="" type="checkbox"/> Add
		Tampa FL 33614	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 TALLAHASSEE FL
 2021 JAN 03 PM 03:31

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

Multiple horizontal lines for amending information.

2021 JAN -3 PM 3:34
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/20/2003 BY SP4 BTJ/STW


E. Effective date, if other than the date of filing: _____ (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 December 28, 2023


Signature of a member or authorized representative of a member

Hayward Hunter III
Typed or printed name of signer