20/0/44, 4.40 p.m.

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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 : ZENBUSINESS INC. Account Number : 120230000190 Phone : (844)449-3624

Fax Number

: (512)597-0678

13 IO:

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

- Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIVING PROMISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.5
Estimated Charge	\$25.00

M. SOLOMON

AUG 2 1 2024

Electronic Filing Menu Corporate Filing Menu

Help

## 2024-08-21 11:55:46 UTC-14 COVER LETTER

18506176383

From: ZenBusiness User

TO: Registration S Division of Co				
Living Pro	omise LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jonathan Taboada			
		Name of Person		
	ZenBusiness INC			· <b>\&gt;</b>
		Firm/Company	<del></del>	250 24 P
336 E. Coilege Ave Suite 301			2024 AUG 21 SECKETARY TALL AHASS	
		Address		جس سي
	Tallahassee, FL 32301			PH 3: 2 OF STATE ELFLORIE
		City/State and Zip Code		# 25 TATE DRID
	fulfillment@zenbusiness.co			₩. <b>Q</b>
		to be used for future annual report notific	(ation)	
For further information of	concerning this matter, please e	all:		
e/o ZenBusiness INC		844 493-6249		
Name (	of Person	at () Area Code Daytime '	Telephone Number	_
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of \$ Certified Copy (additional copy is	Status & ,
Mailing Addre	55 <u>:</u>	Street Address:	·	

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

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

## 2024-08-21 11:55:46 UTC-14 18: ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Living Promise LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Etability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company were filed on 08/20/2024		and assigned
Florida document number I.23000206404		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200
Principal office address MUST BE A STREET ADDRESS)		
		37 O P
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
		ਹੁੰਘ ਲ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	rida

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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gary Atkinson	1439 Lura Avenue	□Add
		Fort Myers, FL 33916	<b>■</b> Remove
		US	□Change
			Remove
			2024 AUG 21 PH 3: 25
			DAdd
			□Remove
			□ Change
			□Add
			Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change

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

SECRETARY OF STATE	2024 AUG 21 PH 3: 25	FILED
sount to 605 not be liste th day afte	ed as th	

From: ZenBusiness User

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				25 Rio	
		,			
(If an offect <u>Note:</u> If	rive date is listed, the date must be sp	oes not meet the applicable state	(optional filing or more than 90 days after filin nory filing requirements, this dat	ng.) Pursuant to 605.0207 (3)(b)	
Goedinen	a 3 checuse one on the pepula	none of State 3 records.			
If the record s record is filed		e, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) 1	The 90th day after the	
Dated	3/20	2024			
	/s/Bernicene Griffin				
	Signa	ture of a member or authorized repi	resentative of a member		
	Bernicene Griffin, Member				
		Typed or printed name o	fsignee		

Filing Fee: \$25.00