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COVER LETTER

TO: Registration S Division of Co			• •
suвјест: <u>Но</u>	ivation Hanga	LH, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspond	ondence concerning this matter	to the following:	
	Chandra	a Sapp	
		Name of Person	
		Firm/Company	<u> </u>
	460 Sand	L Pine Circle	.
		Address)(1)
	M	City/State and Zip Code	<u>393</u>
	MOTIVATION Filmail address: (t	vangut Oyuhoo	ication)
For further information of	concerning this matter, please ca	all:	
Chand	a Sapp	at (150) 534-7 Area Code Daytime	3688 Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	C) \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

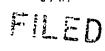
Mailing Address:

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



Motivation Ha	narut, LLC	ZUZJ SEP - I	PH 1: 14
(Name of the Limited I.	iability Company as it now forida Limited Liability Com	appears on our received ATTAN	OF STATE SSEE, FL
The Articles of Organization for this Limited Liabil Florida document number <u>L 2 300039</u>	lity Company were filed		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability compa	nny here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company	"the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:	•	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or regis		our records, enter the nan	ne of the new registered
Name of New Registered Agent:			
	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	En	ter Florida street address	<u> </u>
		, Florida	
	City		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AB	Tori O. Sapp Sr	460 Sand Pine Circle	□Add
		<u> Midway, FL 32313</u>	[]Demove
			□Change
AR	Chardra P. Sapp	460 Sand Pine Circle	îDAdd
	·	460 Sand Pine Circle Midway FL 32343	□Remove
			Change
			□Adđ
			□Remove
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Note:	ve date, if other than the date of filing:
the recor	I 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 ed.
Dated	September 1 2023.
	Signature of a member or authorized representative of a member
	Tovi D. Sopp
	Typed or printed name of signee

Filing Fee: \$25.00