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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

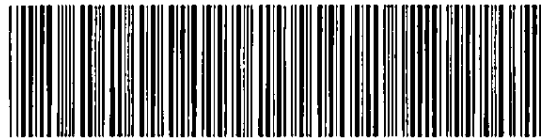
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/25-01038--004 *\$35.00

7/16/25

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7/01/25

Full Potential Holdings, LLC

27251 Wesley Chapel Blvd, STE B14 #718

Wesley Chapel, FL 33544

Phone: 1-800-436-9569

Email: admin@fullpotentialholdings.com

April 21, 2025

Florida Department of State

Division of Corporations

Corporate Filings

P.O. Box 6327

Tallahassee, FL 32314

RE: Amendment to Authorized Person on LLC Filing

To Whom It May Concern,

Please accept the enclosed filing amendment for the Limited Liability Company, **Full Potential Ventures, LLC**, along with the required documentation to update the title of the authorized person currently listed on file.

We are submitting this amendment in accordance with Florida state requirements to ensure that our records accurately reflect the updated structure and representation of our entity. Should any additional information or clarification be required to complete this amendment, please do not hesitate to contact us at 1-800-436-9569 or via email at admin@fullpotentialholdings.com.

Thank you for your attention to this matter and your continued support of Florida businesses.

Sincerely,

Cameron W. Jenkins

Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Potential Ventures, 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:

Cameron W. Jenkins
Name of Person

Full Potential Leadership, LLC
Firm/Company

27251 Wesley Chapel Blvd STE B14 #718
Address

Wesley Chapel, FL 33544
City/State and Zip Code

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

For further information concerning this matter, please call:

Lukista W. Jenkins at (601) 249 7248
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

Full Potential Ventures, 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 4/7/25 and assigned
Florida document number L25000165122

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

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

[illegible]

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

April 21st 2025

Date 2/1/2023
 Signature of a member of authorized representative of a member
Cameron W. Jenkins

Signature of a member or authorized representative of a member

CAMERON W. JENKINS

Typed or printed name of signee

Filing Fee: \$25.00