L150000 96432

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE ALLAHASSFE, FLORID

JUN 19 2015

J SHIVERS

COVER LETTER

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|---------------|--|-------------------------------|---|-------------------------|--|--|--|--|
| SUBJECT. | STEIN COACHING AND CONSULTING LLC | | | | | | | |
| SUBJECT. | · | Name of Lim | ited Liability Company | | | | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| Please return | n all correspo | ndence concerning this matter | to the following: | | | | | |
| | | Juanita S Stein | | | | | | |
| | | | Name of Person | | | | | |
| | STEIN COACHING AND CONSULTING LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. a all correspondence concerning this matter to the following: Juanita S Stein Name of Person STEIN COACHING AND CONSULTING LLC Firm/Company 535 Sandy Creek Drive Address Brandon, Florida 33511 City/State and Zip Code jsstein018@gmail.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: ein Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy Certificate Of Status & Certified Copy Certificate Of Status & Certified Copy Certified Copy | | | | | | | |
| | | | TING LLC f Limited Liability Company e submitted for filing. atter to the following: Name of Person AND CONSULTING LLC Firm/Company ve Address 11 City/State and Zip Code asse: (to be used for future annual report notification) ase call: at (| | | | | |
| | | 535 Sandy Creek Drive | | | | | | |
| | | | Address | | | | | |
| | | Brandon, Florida 33511 | | | | | | |
| | Name of Person Name of Stein Name of Stein Brandon, Florida 335 jsstein018@gmail.cor E-mail add further information concerning this matter, ple nita S Stein Name of Person | | City/State and Zip Code | | | | | |
| | | | | | | | | |
| For further i | information co | | | ication) | | | | |
| Juanita S St | tein | | | | | | | |
| | Name of | `Person | Area Code Daytime | e Telephone Number | | | | |
| Enclosed is | a check for th | e following amount: | | | | | | |
| \$25.00 | Filing Fee | | Certified Copy | Certificate of Status & | | | | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEIN COACUING AND CONSULTING LLC

| (Name of the Lim | ited Liability Company as it now (A Florida Limited Liability Com | appears on our records.) pany) | |
|---|--|---|-------------------------|
| The Articles of Organization for this Limited lorida document number L15000096432 | Liability Company were filed | on June 2, 2015 | and assigned |
| his amendment is submitted to amend the following | llowing: | | |
| A. If amending name, enter the new name | of the limited liability compa | iny here: | |
| he new name must be distinguishable and contain the | words "Limited Liability Company, | "the designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | <u> </u> | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> B. If amending the registered agent and | | ess on our records, <u>en</u> t | ter the name of the |
| egistered agent and/or the new registered o | office address here: | | 15 TALL |
| Name of New Registered Agent: | Juanita S Stein | | NA CHARLES |
| New Registered Office Address: | 535 Sandy Creek Drive | | SS: |
| | En Brandon | ter Florida street address , Florida | TO AN ITTO |
| | City | | Z > Zip Gode |
| New Registered Agent's Signature, if changing | Registered Agent: | | <i>z</i> > ' |

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

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 |
|--------------|-----------------|-----------------------|----------------|
| MGR | Juanita S Stein | 535 Sandy Creek Drive | ≅ Add |
| | | Brandon, FL 33511 | ☐ Remove |
| | | | ☐ Change |
| MGR | JS Stein | 535 Sandy Creek Drive | 🗖 Add |
| | | Brandon, FL 33511 | ■ Remove |
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| fective | date, if other tl | an the date o | f filing: | | 1 000 | | (opti | ional) | * | |
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| | t's effective date of | | | | • | | ŕ | ======================================= | (A) (A) | |
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| | rd specifies a c | | | e, but no | t an effect | tive time, | at 12:01 a | a.m. on t | he ear | lier c |
| The 9 | Oth day after t | he record is | filed. | | | | | | | |
| J ₁ : | ine 16 | | | 2015 | | | | | | |
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| | Juanita | 1 Ten | re of a mer | nher or suth | rized represe | ntative of a m | ember | | | |
| | U | Signatu | ie oi a miçi | noer or auth | nizou represe. | numite of a life | ÇIII (VI | | | |
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Page 3 of 3

Filing Fee: \$25.00