L1800000849a

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SECRETARY OF STATE

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COVER LETTER

	Registration Sec Division of Corp					
SUBJEC*	McCulloch z	Art L.L.C				
randaria.	••	Name of Lin	nited Liability Company			
The enclos	sed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please rett	urn all correspon	dence concerning this matter	to the following:			
		Catherine McCulloch				
			Name of Person			
		McCulloch Art, LLC				
			Firm/Company			
		9357 NE 9th Pf				
		Address			26	
		Miami, FL 33138			2025 HAY SECRET	وومد وي ا ا
		catherine@vwemail.net	City/State and Zip Code		49 G	
		E-mail address:	to be used for future annual report notifica	ition)		, .
For further	r information co	ncerning this matter, please of	all:		11 42 12 74 12 74	ا دسه ۱۹
Catherine	: McCulloch		561 818-9952 at ()		, iii	
	Name of	Person		elephone Number	_	
Enclosed i	is a check for the	e following amount:				
■ \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate Copy (additional copy is	Status & y	
<u>,</u>	Jailing Address:	i ,	Street 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000008492		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
McCulloch Coaching, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9357 NE 9th PL	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33138	20
		19 1 1
Enter new mailing address, if applicable:	SAMEAS ABOVE	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
		75 ± -
		- 1 E
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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, 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
			□Add
			□Remove
			Change
			□Add
			□Remove
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ote: If the date inserted in this ocument's effective date on the record specifies a delayed effect	ust be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 y filing requirements, this date will not be listed as a.m. on the earlier of: (b) The 90th day after the
l is filed.		
May 13	2025	
aicu		
aicu		
	Signature of a member or authorized represen	nutive of a member