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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Div | ision of Cor | porations | | | |
|---------------------------------|--------------|--|---|--------------------|----------------------------------|
| SUBJECT: | SUNNY H | AVEN COACHING, LLC | | | |
| SOBJECT: | | Name of Lin | ited Liability Company | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | |
| | | NICHOL M. SIMON | | | |
| | | | Name of Person | | |
| | | | Firm/Company | . | 2 - 7 2 - 7 2 - 7 2 - 7 |
| 784 CREEKWATER TERRACE, APT 104 | | | | | |
| | | | Address | - | 70 |
| | | LAKE MARY, FL 32746 | | | 773 |
| | | NICHOLSIMON@AOL.C | City/State and Zip Code | | <u>. }</u> |
| | | E-mail address: (| to be used for future annual report not | ification) | |
| For further in | formation co | oncerning this matter, please ca | all: | | |
| NICHOL SI | MON | | 407 984-5570 at() | | |
| | Name of | Person | | e Telephone Number | |
| Enclosed is a | check for th | e following amount: | | | |
| □ \$25.00 Fi | ling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C | of Status & |
| | | ALC: A DD DUGG | | | |

MAILING ADDRESS:

TO:

Registration Section

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

N.M.S PERSONAL DEVELOPMENT & WELLNESS COACHING, 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 Comp | any were filed on $\frac{MAY 01, 2}{}$ | 018 and assigned |
|---|---|--|
| Florida document number L18000107286 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited N.M.S. Personal Development 4 The new name must be distinguishable and contain the words "Limited I | | Ching LLC |
| The new name must be distinguishable and contain the words "Limited I | 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 | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| <u>,</u> | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: | | cords, <u>enter the name of the new</u> |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| | | , Florida Zip Code |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | ent: | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | lete performance of my duti as provided for in Chapter | es, and I am familiar with and 605, F.S. Or, if this document is |
| Īſ (| Changing Registered Agent, <u>Sign</u> | ature of New Registered Agent |

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager

| AMBR = . | Authorized Member | | |
|--------------|-------------------|---------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the da reffective date is listed, the date must be | te of filing: | or to date of filing or me | (optiona | il) ng \Pursuant to (| .05 020 |
| te: If the date inserted in this block cument's effective date on the Department. | does not meet the appli | icable statutory filing | requirements, this da | te will not be li | isted a |
| white is enecute date on the isepa | ment of state s record | s. | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

State of Florida Department of State

I certify from the records of this office that SUNNY HAVEN COACHING, LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on May 01, 2018, effective May 01, 2018.

The document number of this company is L18000107286.

I further certify that said company has paid all fees due this office through December 31, 2018, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15,46. Florida Statutes, and authenticated by the code noted below.

Authentication Code: 180503112250-700312854097#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Third day of May, 2018



Ken Detzier Secretary of State