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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT:	HealthPro (Coaching, LLC			
SUBJECT.		Name of Lin	nited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Cynthia Milas			
			Name of Person		
		HealthPro Coaching, LLC	:		
			Firm/Company		
		P. O. Box 8382			
			Address		
		Seminole, FL 33775			
			City/State and Zip Code		
		cynthiamilas@gmail.com			
		E-mail address:	(to be used for future annual r	eport notification)	
For further i	nformation c	oncerning this matter, please of	eail:		
Cynthia Mil	as		727 623	-0647	262
	Name o	f Person	Area Code	Daytime Telephone Number	2626 DEC 4 PM
Enclosed is	a check for tl	he following amount:	•		÷
□ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fiting Fee & Certified Copy (additional copy is encl	Certificate Cosed) Certified G	g Fee, of Status &
Re Di P.(iling Addressistration Stration of Coordinates of C	Section Corporations 27	Divisior The Cen 2415 N.	dress: ation Section a of Corporations atre of Tallahassee Monroe Street, Suite 810 asee, FL 32303	l

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION LED

HealthPro Coaching, LLC

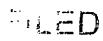
202**@**DEC | 4 PM 3: 41

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.) STA	TE
The Articles of Organization for this Limited Liability Company	were filed on Janu	ary 6, 2020	and assigned
Florida document number L20000012484			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
Laser Life Coaching and Counseling, LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbi	reviation "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)			
22.1100.01102.200.01			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the name	of the new registere
	enter r toria	a sireet aaaress	
	City	, Florida	Zip Code
	Ciri		rap Code
New Registered Agent's Signature, if changing 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	202 DDEC 14 PM 3: 41	Type of Action
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				□Remove
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ive date, if other than the date of filing: Cective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable sent's effective date on the Department of State's records.	
d specifies a delayed effective date, but not an effective time, a led.	t 12:01 a.m. on the earlier of: (b) The 90th day after
December 7 2020	

Typed or printed name of signee