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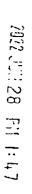
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

ro:

Registration Section Division of Corporations

SUBJECT:E	PC Life Coac	thing LLC	4	
SUBJECT.	Name of Limite	ed Liability Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
	Elsa	Collasco  Name of Person		
		Name of Person		
			<u> </u>	<del></del>
		Firm/Company		
	600 Biltmore	= Way #320		
		Address		
	Coral Gable	S, FL 3313	54	
	<u> </u>	City/State and Zip Code		<b></b>
	Coral Gable  E-mail address: (t	sco@yahoc	port notification)	,
			, and the state of	
For further information co	ncerning this matter, please ca			
Elsa Can		at ( <u>305</u> ) <u>(</u>	213-5526	
Name of	Person	Area Code	Daytime Telephone Numb	x.r
Enclosed is a check for the		_	7.000	mur m
☐ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Cenifi	Filing Fee. cate of Status &
		(additional copy is enclosed	sed) Certifi (addition	ed Copy nal copy is enclosed)
Mailing Address Registration S		<u>Street Ado</u> Registrat	<u>Iress:</u> ion Section	
Division of Co		Division	of Corporations	
P.O. Box 632			tre of Tallahassee	5.810
Tallahassee, F	·L 32314		Monroe Street, Suite see, FL 32303	, 610

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPC Life Coachin	19 LLC	2022 JUN 28 PM 1: 47
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears o ad Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2000/34860</u>	ny were filed on <u>O</u>	5 (22   2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lin	ability company here	:
Elea Carrosco LLC	_	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desi	gnation "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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our reco	ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido	street address
		Florida
<del></del>	City	Zin 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
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			⊡Add
			□Remove
		···	□Change
			□Add
			□Remove
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<u>ote:</u> If th	date, if other that redate is listed, the date inserted in s effective date or	this block does	not me	ect the app	olicable st	of filing or atutory fili	more than 9 ng require	(option of the control of the contro	onal) filing.) Pursi date will r	iant to 605.020 of be listed a
record sp is filed.	ecifies a delayed c	effective date, bu	ut not a	ın effectiv	e time, at	12:01 a.m	on the ea	rlier of: (b)	) The 90th	day after the
nted	6/23		<del></del> ;	<u>202'</u> vrae	2					
		P	<u>a</u>	mae	0					
		Signature	of a me	ember or a	uthorized r	epresentativ	e of a men	ber		
		Elea								