

5:30:24, 10:20 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H230001958333

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To: Division of Corporations  
Fax Number : (850)517-6383

From: Account Name : SACONSA GROUP LLC  
Account Number : I20200000187  
Phone : (786)757-2436  
Fax Number : (786)513-5977

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COACHING ENERGY LLC

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Corporate Filing Menu

S. ROBERTS  
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MA:  
H230001958333

**COVER LETTER**

**H230001958333**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COACHING ENERGY LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

JESUS LEON  
Name of Person  
SACONSA GROUP LLC  
Firm/Company  
3625 NW 82 Avenue Suite 100-K  
Address  
DORAL, FL 33166  
City/State and Zip Code  
JESUSLEONTERAN@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON at ( 786 ) 7572436  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

**H230001958333**



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

H230001958333

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROMERO AGUILAR, ALIDA	4605 S KIRKMAN RD	<input type="checkbox"/> Add
		APT 3105	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32811	<input type="checkbox"/> Change
AMBR	Florencio De Barros, JOSE R	4605 S KIRKMAN RD	<input checked="" type="checkbox"/> Add
		APT 3105	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

