## L23000420109

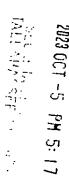
1	(Requestor's Name)	
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1	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
1	(Document Number)	<del></del>
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	





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10/05/23--01014--009 ++25.00





## **COVER LETTER**

Div	ision of Corp	orations				
SHRIFCT:	All About A	ction LLC				
Name of Limited Liability Company						
The enclosed	I Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please return	all correspon	dence concerning this matter t	to the following:			
		Ashley Sholtes				
			Name of Person			
		All About Action LLC				
			Firm/Company			
		2028 NW Windemere Dr				
			Address		<del></del>	
		Jensen Beach, FL 34957				
			City/State and Zip Code		_	
		allaboutactionlifecoaching@			-	
		·	to be used for future annual re	eport nouncation)		
For further in	nformation co	ncerning this matter, please ca	ıll:			
Ashley Shol	tes		at () 924-	-6789		
	Name of	Person	Area Code	Daytime Telephone Numb	per	
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)	

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

All About Action 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 Company were filed on  $\frac{9/8/23}{2}$ and assigned Florida document number \_\_\_\_\_L23000420109 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida \_\_\_

## 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 Changing Registered Agent, Signature of New 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	Type of Action
MGR	Ashley Sholtes	2028 NW Windemere Dr	<b>≅</b> Add
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Cantambar 29	2023				
d September 28	Ashley	<u>.</u> .	10.		
	Ashley	, Sholtes	Whall	$\mathcal{N}$	
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Filing Fee: \$25.00