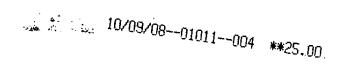
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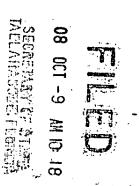
(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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10/13

## **COVER LETTER**

TO: Registration Se Division of Con				
SUBJECT: NSIGH	T LIFE COACHING	LLC ted Liability Company)		
	(Name of Limi	ted Elability Company)		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
•		LINDA M MILNER		
		(Name of Person)		
NSIGHT LIFE COACHING LLC				
		(Firm/Company)		
	<b>7</b> 02 <sup>-</sup>	GRAND NATIONAL DR SUITE	102	
		(Address)		
	ORLANDO, FLL. 32819			
		(City/State and Zip Code)	·	
For further information of	concerning this matter, please c	all:		
LINDA M MILNER		at (407 ) 351 · 68	£2_	
	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for t	the following amount:			
<b>☑</b> \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)	
77				

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FE COACHING , LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability (	Company were filed on 07/19/05	and assigned?
Florida document number L05000070719	<del>·</del>	<i>≠</i>
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lim	sited liability company boys.	80 007
A. It amending name, enter the new name of the am	nted habinty company nere:	
- 14		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation	ation "LLC" or the abbreviation
	·	o .
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		ų.
	-	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
Induding dudiess MAT BE A FOST OFFICE BOA		•
•		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	. Flori	do
	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Title <u>Name</u> **Address Type of Action** MGR LINDA M MILNER <u>ra</u> Add **6425 WELLINGTON DRIVE** Remove ORLANDO, FL. 32819 LINDA M MILNER MGRM 6425 WELLINGTON DRIVE Add Add ORLANDO, FL, 32819 Remove MGRM TIMOTHY H ILIFF 6425 WELLINGTON DRIVE **zı** ∫ Add ORLANDO, FL. 32819 Remove MGR ■ ✓ Add TIMOTHY H ILIFF 6425 WELLINGTON DRIVE Remove ORLANDO, FL. 32819 Aug. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

LINDA M MILNER

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00