L07 0000 84 FC8

(Requestor's Name)
(Address)
(Address)
(ladioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Social Hamsel)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,





500290841885

10/03/16--01032--017 **30.00

TO OCT OF BH 3: 20

OCT 25 70th RRIE

COVER LETTER

TO:	Registration Se Division of Co			
SUB.JE		Coaches, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Poppy Spencer		
			Name of Person	
		Relationship Experts		
			Firm/Company	
		15 Paradise Plaza #210		
			Address	
		Sarasota, FL 34239		
			City/State and Zip Code	
		poppytspencer@gmail.com		
			to be used for future annual report notific	cation)
For furth	ner information o	oncerning this matter, please co	all:	
Poppy S	pencer		941 586-2911 at ()	
	Name o	f Person		Telephone Number
Enclosed	d is a check for the	ne 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2016

POPPY SPENCER 15 PARADISE PLAZA #210 SARASOTA, FL 34239

SUBJECT: RELATIONAL COACHES, LLC

Ref. Number: L07000084808

We have received your document for RELATIONAL COACHES, LLC and Four check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00021477

16 OCT 24 PM 3: 20

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Relational Coaches, LLC						
(Name of the Limit	ed Liability Cor (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)			
The Articles of Organization for this Limited Li Florida document number L07000084808	ability Compa	any were filed on	08/19/07	and assign assi	gned Greative Growth	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:				and assigned 1) Inst. of Creative Growth then 2) Coach Porry LLC then 3) Relational Coaches 4) Relational perto		
			<u>'e</u> :			
Relationship Experts, LLC						
The new name must be distinguishable and contain the w	ords "Limited Li	iability Company," the de	signation "LLC" or i	the abbreviation "L.L.	C."	
Enter new principal offices address, if applica	able:	same address				
(Principal office address MUST BE A STREE	T ADDRESS	<u> </u>			 	
				<u></u>		
Enter new mailing address, if applicable:		Same Address		0CT 2U	1	
(Mailing address MAY BE A POST OFFICE BOX)				~	1 - 4	
				<u>က</u>	<u></u>	
B. If amending the registered agent and/or the new registered of			our records, <u>er</u>	N	the new	
	ince more too.	<u>icie</u> .				
Name of New Registered Agent:	same				, 	
New Registered Office Address:	same					
		Enter Florid	la street address			
			, Florida	a		
		City		Zip 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	☐ Remove
			Change
			DAdd
			☐ Remove
			□ Change
			Add
			☐ Remove
	•		☐ Change
			Add
			□ Remove
			□ Change
			Add Rembve
			□ Chânge (15)
			Remove
			Change

. If amending any other informa		
		~~~ <u>~~~</u>
	——————————————————————————————————————	
-		·—
		<u></u>
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:  t be specific and cannot be prior to date of filing or more than 90 dock does not meet the applicable statutory filing requirement appropriate of State's records.	_(optional) ays after filing.) Pursuant to 605.0207 (3 nts, this date will not be listed as th
he record specifies a delayed	deffective date, but not an effective time, at 1 ord is filed.	2:01 a.m. on the earlier of:
The 90th day after the reco		
Sentember 12	2016	<u>~</u>
September 12	2016	<b>6</b> 00 ::
Dated September 12	Hom Spener	001 2
Dated September 12	Signature of a member of authorized representative of a member	0CT 24
Dated September 12	Hom Spener	001 2

Page 3 of 3

Filing Fee: \$25.00