

L100000032505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

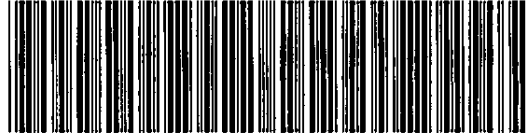
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271030412

03/26/15--01029--003 **25.00

FILED
15 MAR 26 PM 12:20
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

APR 1 6 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

THE COACHING CORNER, LLC

SUBJECT: _____
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:

ADRIAN SUAREZ

Name of Person

THE COACHING CORNER, LLC

Firm/Company

15684 SW 72 STREET

Address

MIAMI, FL 33193

City/State and Zip Code

NUTRIFIT2010.AS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIAN SUAREZ

786 712-4566

at (_____) _____

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

TO
ARTICLES OF ORGANIZATION
OF

THE COACHING CORNER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 MAR 26 PM 12:20
TALLAHASSEE, FLORIDA
STATE

24 MAR 2010

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L10000032505

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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)

15684 SW 72 STREET

MIAMI, FL 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15684 SW 72 STREET

MIAMI, FL 33193

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: ADRIAN SUAREZ

New Registered Office Address: 15684 SW 72 STREET

Enter Florida street address

MIAMI

Florida 33193

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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIAN SUAREZ	9427 SW 151 AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33196	<input type="checkbox"/> Remove
		9427 SW AVENUE	
MGR	AMANDA J. SHELDON	MAIMI, FL 33196	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL CLAIMS PAST, PRESENT, OR FUTURE ON ANY AND ALL:

• TANGIBLE PROPERTY HOUSED AT THE PRINCIPLE OFFICE LISTED

• LIQUID ASSETS / CAPITAL INCOME / NET WORTH / MARKET VALUE

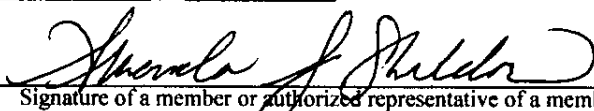
ASSOCIATED WITH OR RELATING TO SAID LLC, ARE HERE BY WAIVED

AND RELEASED, FOREVER AND EVER BY AMANDA J. SHELDON, AMEN.

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5 MARCH, 2015



Signature of a member or authorized representative of a member

AMANDA J. SHELDON

Typed or printed name of signee