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COVER LETTER

Divi	sion of Corp	oorations					
CHRIECT.	JSR Adviso	rs. LLC					
SUBJECT:	_	Name of Limi	ited Liability Company				
		Amendment and fee(s) are sub					
Please return	all correspon	ndence concerning this matter	to the following:				
		Anne W. Paul					
Name of Person							
		WWMRG					
Firm/Company							
9045 Strada Stell Court, #400							
			Address				
		Naples, FL 34109					
City/State and Zip Code					SEC	ਰ	
apaul@wwmrglaw.com E-mail address: (to be used for future annual report notification)					全部	8	. 11
For further information concerning this matter, please call:					ARY (19	0371
Anne W. Pau	al		239 325-22 at ()	98	. FLO	P# 2:	
	Name of	Person	Area Code D	Paytime Telephone Number	Š	: 23	
Enclosed is a	check for th	e following amount:					
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certified	te of Statu		

TO:

Registration Section

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

JSR Advisors, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our recording ited Liability Company)	<u>i.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 04/09/2010	and assigned
Florida document number L10000038266		
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Creative Business Coaches, LLC		
he 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:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		16 SEC
	_	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		mo m
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		DATE 2
3. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	s
	, Flo	orida
	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, 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**

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E. Effective date, i	if other than the d	ate of filing: _		2 0 0 1	1 00 1	_ (optional)		
Note: If the date	is listed, the date must be inserted in this bloc	e specific and car k does not mee	nnot be prior to t the applicat	o date of filing o ble statutory fi	more than 90 d	ays after filing.) ints. this date v	Pursuant to 6 vill not be li	<i>i</i> 05.020 isted a
document's effect	tive date on the Dep	artment of State	e's records.					
f the record spe	cifies a delayed o	effective date	e, but not	an effective	e time, at 1	2:01 a.m. c	n the ear	rlier (
b) The 90th da	y after the recor	d is filed.	•		•			
Dated December	r 9		2016					
			7	<u> </u>				
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Typed or printed name of signee

Filing Fee: \$25.00