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| Special Instructions to Filing Officer: | | | | | |
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T. CLINE
JAN 19 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2011

BARBARA GUMMIN 1820 PALMA SOLA BLVD. BRADENTON, FL 34209

SUBJECT: GOTTA GET COACHED LLC.

Ref. Number: L10000111521

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings; filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L09000083152.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 411A00000784

COVER LETTER

| TO: Registra Division | tion Section of Corporations | | |
|-----------------------|--|--|--|
| SUBJECT: | Gotta G | et Coached LLC | |
| | Name of Lim | nited Liability Company | |
| The enclosed Artic | cles of Amendment and fee(s) are su | abmitted for filing. | |
| Please return all co | orrespondence concerning this matte | er to the following: | |
| | | Barbara H Gummin | |
| | | Name of Person | |
| | | Firm/Company | |
| | | 1820 Palma Sola Blvd | |
| | | Address | |
| | | Bradenton FL 34209 | |
| | Rs | City/State and Zip Code | |
| | E-mail address: | arbie@livindreams.com (to be used for future annual report notification) | 1 S 20 |
| For further inform | ation concerning this matter, please | call: | ACC CART |
| | Barbara H Gummin | at (303) 809- | . ar |
| 1 | Name of Person | Area Code & Daytime Telep | The same of the sa |
| Enclosed is a chec | k for the following amount: | | |
| \$25.00 Filing F | 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) |
| J | MAILING ADDRESS: Registration Section Division of Corporations | STREET/COURIER AI Registration Section Division of Corporations | ODRESS: |

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Company as it now and | | | | |
|---|----------------------------|-----------------------------|------------|----------|---------------------------------|
| (Name of the Limited Liability (A Florida I | imited Liability Company | <i>y</i>) | | | |
| The Articles of Organization for this Limited Liability C | ompany were filed on _ | October 25th 2010 | and a | ssigned | l |
| Florida document numberL10000111521 | _· | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, <u>enter the new name of the limi</u> | ted liability company l | <u>iere</u> : | | | |
| | Coaching Connection | | | | |
| The new name must be distinguishable and end with the wor 'L.L.C." | ds "Limited Liability Con | npany," the designation "LL | .C" or the | e abbrev | iation |
| Enter new principal offices address, if applicable: | | <u> </u> | | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | <u>≯</u> . | 2011 | |
| | | | (| <u></u> | |
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| Enter new mailing address, if applicable: | | | r: ≺: | | , , , |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 70) | | |
| | | | (L) | | |
| | | | 1 | 12 | |
| B. If amending the registered agent and/or regist | | our records, enter the | e name | of the | new |
| registered agent and/or the new registered office addi | ress nere: | | | | |
| Name of New Registered Agent: | | | | | |
| Name of New Registered Agent. | | | | | |
| New Registered Office Address: | | Enter Florida street addre | 100 | | |
| | esner rioriaa sireei aaare | 39. | | | |
| | C'A. | , Florida | 7: C- | J., | |
| | City | | Zip Co | ae | |

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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title** <u>Name</u> **Address** . ☐ Add Remove Remove ☐ Add Remove Remove $\prod Add$ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7011 Signature of a member or authorized representative of a member Barbara H Gummin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00