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(Re	questor's Name)	.
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJI	ECT:	Life CDA Name of Limit	ed Liability Company	2N
The en	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	lence concerning this matter to	o the following:	
		Ka	ren D. Nutt	OR_
		Cvac	hing By Karen,	LLC
		324 6th	Avenue N. Address	
		Jacksonvi	ile Beach, H City/State and Zip Code	· 32250
		E-mail address: (to	o be used for future annual report notific	eation)
For fu	ther information cor	cerning this matter, please ca	11:	
_X	uren Ju Name of I	THER	at (904) 500 Area Code Daytime	2330 Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2	5.00 Filing Fee	S30.00 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 4, 2017

KAREN D NUTTER 324 6TH AVENUE N JACKSONVILLE BEACH, FL 32250

SUBJECT: LIFE COACHING BY KAREN, LLC

Ref. Number: L11000025313

2017 OCT 13 MM 8: 34 MET ALASSI FOR TAXA

We have received your document for LIFE COACHING BY KAREN, 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The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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: 917A00020077

SUPPLIENT OF SUPPLIES

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Sit now appears on our records.) lity Company)
e filed on 3/23/11 tas: nec.
company here: Couching By Karen LLC ompany," the designation "LLC" by the abbreviation "L.L.C."
324 Coth Avell.
Vacksonville Beach, H. 32250
address on our records, enter the name of the new
Finer Florida street address IT LE BEUM Florida Die 225 C
,
act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and ided for in Chapter 605, F.S. Or, if this document is ress. I hereby confirm that the limited philical series of New R red II

Page 1 of 3

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 = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	<u>Name</u>	ſ	Address	Type of Action
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			Jacksonville Beach, H)
			32250	Change
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				Remove
				Change
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				Change

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Filing Fee: \$25.00