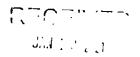
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COVER LETTER

	Registration Se Division of Cor			
ellb iec	COACHIN	G BY KAREN, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		KAREN NUTTER		
			Name of Person	······································
		COACHING BY KAREN	, LLC	
			Firm/Company	
		1015 ATLANTIC BLVD,	STE #44	
			Address	
		ATLANTIC BEACH, FL	32233	
			City/State and Zip Code	
		KAREN@CBKADVISING		
			to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please c	all:	
KAREN	NUTTER		904 502-2330 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
]]]	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COACHING BY KAREN, LLC	
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 02/28/2011 and assigned
Florida document number L11000025313	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
CBK ADVISING, LLC	
The 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:	
Principal office address MUST BE A STREET ADDRES	(S)
	52
Enter new mailing address, if applicable:	101 J.Y.
Mailing address MAY BE A POST OFFICE BOX)	
	 ယှ
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new regi
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and can Note: If the date inserted in this block does not meet document's effective date on the Department of State	not be prior to date of filing or more the the applicable statutory filing rec	(optional) han 90 days after filing.) Pursuant to 605.0207 (quirements, this date will not be listed as t
the record specifies a delayed effective date, but not an ecord is filed.	effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
Dated,	2021	
Signature of a more	ber or authorized representative of a	member
- J Signature of a mem	bet of authorized representative of a	memoer

Typed or printed name of signee