

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Effort Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| L |

Office Use Only



900308572489

02/07/18--01009--014 **25.00

18 FEB -7 PN 3 11
SECRETARY OF STATE
TALL MIASSEE F. STATE

K SALY FEB 8 2018

COVER LETTER

| TO: | | | | |
|---|---|--|-------------------------------------|---|
| OU D | | althy! with Denise, LLC | | |
| SORI | F.C1: | Name of Lim | ited Liability Company | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | e return all correspo | ndence concerning this matter | to the following: | |
| | | Denise N. Simpson | | |
| | | | Name of Person | |
| | Division of Corporations My Life Healthy! with Denise, LLC 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: Denise N. Simpson Name of Person My Life Healthy! with Denise, LLC Firm/Company 8362 Yashuntafun Road Address Tallahassee, FL 32311 City/State and Zip Code mylifehealthy101@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Denise N. Simpson at (Area Code Daytime Telephone Number) Sinclosed is a check for the following amount: \$\inc\text{252.00 Filing Fee} \Bigcia \text{30.00 Filing Fee} \Bigcia \Bigcia \text{555.00 Filing Fee} \Bigcia \Bigcia \text{560.00 Filing Fe} \Bigcia \Bigcia \text{Certified Copy} \tex | | | |
| | | ···· | Firm/Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Denise N. Simpson Name of Pers My Life Healthy! with Denise, LLC Firm/Compa 8362 Yashuntafun Road Address Tallahassee, FL 32311 City/State and Zing mylifehealthy101@gmail.com E-mail address: (to be used for future) For further information concerning this matter, please call: Denise N. Simpson 850 at (| | | | |
| | | | Address | . |
| | | Tallahassee, FL 32311 | | |
| | | ivision of Corporations My Life Healthy! with Denise, LLC Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. rn all correspondence concerning this matter to the following: Denise N. Simpson Name of Person My Life Healthy! with Denise, LLC Firm/Company 8362 Yashuntafun Road Address Tallahassee, FL 32311 City/State and Zip Code mylifehealthy101@gmail.com E-mail address: (to be used for future annual report notification) rinformation concerning this matter, please call: Simpson Name of Person 1 850 Area Code Daytime Telephone Number s a check for the following amount: 1 Filing Fee \$ \$30.00 Filing Fee \$ \$55.00 Filing Fee & \$ \$60.00 Filing Certificate of Status Certified Copy Certificate Certifica | | |
| | | · · · · · · | | <u>.</u> |
| | | E-mail address: (| to be used for future annual report | notification) |
| For fu | irther information c | oncerning this matter, please ca | all: | |
| Denis | se N. Simpson | | | ı |
| For further information concerning this matter, please call: Denise N. Simpson 850 445-5514 at () | | nime Telephone Number | | |
| Enclo | UBJECT: My Life Healthy! with Denise, LLC | | | |
| = \$: | 25.00 Filing Fee | | Certified Copy | ☐ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

18 FEB - 7 PH 3 11

SECRETARY OF STATE
FALLAMASSEE FLORINA

My Life Healthy! with Denise, LLC

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

(A Florida Limited Liability Company)

| | | TO MOA |
|---|---|-----------------------|
| e Articles of Organization for this Limited Liability Company | were filed on November 4, 2013 | and assigned |
| orida document number L13000154388 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| Coach Denise of My Life Healthy, LLC | | |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | 8362 Yashuntafun Rd | |
| Principal office address MUST BE A STREET ADDRESS) | Tallahassee, FL 32311 | |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | er the name of th |
| egistered agent and/or the new registered office address her Name of New Registered Agent: | | er the name of th |
| B. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | | er the name of th |
| egistered agent and/or the new registered office address her Name of New Registered Agent: | Enter Florida street address | |
| egistered agent and/or the new registered office address her Name of New Registered Agent: | <u>e</u> : | |

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:

| $MGR = \cdot M$ $AMBR = A$ | anager uthorized Member | 18 FEB -7 PH 3-11 | |
|----------------------------|----------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | 18 FEB - 7 PM 3 11 Address SECRETARY OF STATE TALLAHASSEE, FLORIDA | Type of Action |
| | | - SEE, FLORIDA | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |

| • | | | | 10 | LED |
|---|-----------------------|---------------------|--------------------|---------------------------------------|------------------------|
| | | . | <u>-</u> . | 18 FEB - SECRETARY TALL AHASSEL | 70 |
| | | | | SECRETAR | <u>′ <i>PN</i></u> 3-, |
| | | | | ALLAHASSO | OF STAR |
| | | | | | FLORIDA |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | _ | |
| | | | <u> </u> | | |
| | | | | <u> </u> | |
| | <u> </u> | | . <u>.</u> | <u>-</u> | |
| | | | | | |
| | | | | <u></u> | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | |
| <u> </u> | | | | | |
| | | | | | |
| ective date, if other than the da | e of filing: | idata of Clina | an mana shan 00 da | (optional) | |
| te: If the date inserted in this block | does not meet the a | pplicable statutory | filing requiremen | its, this date will i | not be listed a |
| sument's effective date on the Depa | tment of State's rec | ords. | | | |
| | · | | | . 01 | L |
| record specifies a delayed el he 90th day after the record | | t not an errecti | ve time, at 12 | .:01 a.m. on t | ne earner c |
| | | | | | |
| February 2 | 2018 | · | | | |
| | | | _ | | |
| | 71¥16.6 . X | ノハオコ | | _ | |
| | nature of a member or | | nativa afa | | |

Page 3 of 3

Filing Fee: \$25.00