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FILING CANCELLED RETURNED CHECK

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SECRETARY OF SIAIE
IALLAHASSEE, FLORIDA

1. SHAMES OCT 1. 5 2014

COVER LETTER

TO:

Registration Section Division of Corporations

Give Me Back My Energy; Life Coach, 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:

Dr. Marilyn B. Field

Name of Person

Give Me Back My Energy; Life Coach, LLC

Firm/Company

6770 NW 21 Street

Address

Margate, Florida, 33063

City/State and Zip Code

MSadar@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marilyn Field

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

■ \$25.00 Filing 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)

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

FILING CANCELLED RETURNED CHECK

Give Me Back My Energy; Life Coach, LLC

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

The Articles of Organization for this Limited Liability Compar	ny were filed on May 22, 2014	and assigned	
Florida document number L1000082893			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and end with the words "Limited Li	iability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		200 1	
		ONE TO A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		24 TO-84	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter	the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
Negistered Office Address.	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	te performance of my duties, and I am s'provided for in Chapter 605, F.S. Or	familiar with and r, if this document is	

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

FILING CANCELLED MGR = Manager AMBR = Authorized Member **RETURNED CHECK** <u>Title</u> Name | **Address Type of Action** Nathan Garlick MGR □ Add 6105 Grand Cypress Cir E, Coconut Creek, FL 33073 ■ Remove ☐ Add ☐ Remove \Box Add 7 Remove ☐ Remove □ Add ☐ Remove _D Add

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If amen	ding any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
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E-00 41	1 4 16 a) A) A) A (60)	
Effective The effect	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90	optional) days after
	this document is filed by the Florida Department of State)	
Dated E	9/12/2014	
	D. Marsh & Full Owner Signature of a member or authorized representative of a member	
	Dr. Marilyn B. Field Owner/CEO	
	Typed or printed name of signee	
	FILING CANCELLED	TALS
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Page 3 of 3

Filing Fee: \$25.00