

L14000136927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

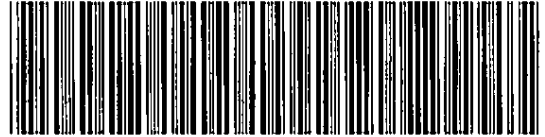
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR 18 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 27 2019
T. LEMMEX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANTIQUITEAS 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:

MARC BAUDENDISTEL

Name of Person

ANTIQUITEAS LLC
COACHING WITH MGB LLC

Firm/Company

PO BOX 770371

Address

WINTER GARDEN, FLORIDA 34777

City/State and Zip Code

TEAGUYHEALTHCOACH@YAHOO.COM

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

For further information concerning this matter, please call:

MARC BAUDENDISTEL

407 757-5737

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

ANTIQUITEAS LLC

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

2019 MAR 18 P 3 19

The Articles of Organization for this Limited Liability Company were filed on 09/02/2014 and assigned
Florida document number L14000136927 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COACHING WITH MGB 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:

COACHING WITH MGB LLC

(Principal office address MUST BE A STREET ADDRESS)

7050 SUNSET WAY APT 6

ST PETE BEACH, FLORIDA 33706

Enter new mailing address, if applicable:

COACHING WITH MGB LLC

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 770371

WINTER GARDEN, FL 34777

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARC BAUDENDISTEL

New Registered Office Address:

7050 SUNSET WAY APT 6

Enter Florida street address

ST PETE BEACH


Florida 33706

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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FICTICIOUS NAME: TEAGUYHEALTHCOACH

REGISTRATION # G18000046949 FILED ON 04/12/2018 TO THIS COMPANY UNDER THE NAME ANTIQUITEAS LLC

FICTICIOUS NAME: SUTTON CROFT INTERIORS

REGISTRATION #G18000046950 FILED ON 04/12/2018 TO THIS COMPANY UNDER THE NAME ANTIQUITEAS LLC

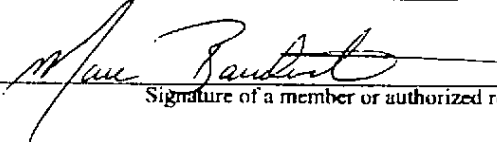
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 12, 2019.



Signature of a member or authorized representative of a member

MARC BAUDENDISTEL

Typed or printed name of signee