*L14000137410

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_		
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opecial instructions to	Timing Officer.	
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		<u>.</u>

Office Use Only



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ECRETARY OF STATE
TALLAHASSEE, FL

NIC NIC 03/13/19 De

Patricia M. Jaffe

2104 Willow Oak Drive Edgewater, FL 32141

February 27, 2019

Ms. Marquita Williams Reinstatement Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: 819A00003276

Dear Ms. Williams,

I am in receipt of the above referenced letter to which I am submitting the corrected form to change the name of my LLC. I have enclosed the forms directed by your office that are correct.

I had originally submitted my check for \$60, which is in your receipt.

Thank you,

Patricia Maffe

RECEIVED

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT: JAFFE	Like Coaching of Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		_	Name of Person Therapies, Firm/Company	uc
		2104 Wid	Llow Oalc Dir.	
		<u>Edge wa</u>	ter FL 3214 City/State and Zip Code	1
		Dattyjar E-mail liddress: (1	City/State and Zip Code Fe@ GM Cil. COM o be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ca		
<u>+0</u>	Marne of		at (<u>443</u>) <u>871 -</u> Area Code Daytim	2063 ne Telephone Number
Enclose	d is a check for the	e following amount:		already Sent 2/8/
□ \$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 Taliahassee, 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

Jakke like Coaching and Ministry LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L14000137410</u> .	were filed on 9/3/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ILLC
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	927 S. Ridgewood Ave #A-7 Edgewater, FL 32132
(Principal office address MUST BE A STREET ADDRESS)	Edgewater, FL 32132
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2104 Willow Oak Dr. Edgewater, FL 32141
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the nev :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	, Florida
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, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	2/27 -2019 Horakie
	Signature of a member or authorized representative of a member
	Patricia m. Jakk Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00