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T. MATTHEWS APR 26 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MZM COaching Services LLC Name of Liplited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael Upsnive JV Name of Person MZM wathing Services LLC First company	
1180 Spring Centre S Blvd	
City/State and Zip Code City/State and Zip Code Chronical Co	L.W
For further information concerning this matter, please call:	
Michael UpShive JV. at (407) STY 2917 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy	
(additional copy is enclosed) Street Address:	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONSECRETARY OF STAFE OF OF

22 APR -8 PH 12: 53

(<u>Name of the Limited L.</u> (A F	iability Company forida Limited Lia	as it now appears or bility Company)	our records.)	
The Articles of Organization for this Limited Liabil Iorida document number <u>L1のダダダダダ</u> フ	ity Company w 744	rere filed on <u>J A '</u>	n 5,2011	o and assigned
his amendment is submitted to amend the following	ıg:			
If amending name, <u>enter the new name of the</u>	limited liabili	ty company here:		
he new name must be distinguishable and contain the words	"Limited Liability	Company," the desig	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	·:			
Principal office address MUST BE A STREET A.	DDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	<u>v)</u>			
		·	<u>. </u>	
3. If amending the registered agent and/or regis		dress on our reco	rds, <u>enter the nan</u>	<u>ie of the new reg</u>
igent and/or the new registered office address he	<u>re</u> :			
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street address			
_				
		City	, Florida	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ronald Jennings	1180 Spring Lentre S Blud Alternante Sprinss, PC 32	iv.^dd 71 Y
			□Change
			□Add
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			∏Change

	er than the date of filing: the date must be specific and cannot be ed in this block does not meet the ague on the Department of State's reco	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605 applicable statutory filing requirements, this date will not be listed	5.0207 (ted as t
Note: If the date insert			er the
Note: If the date insert document's effective da	yed effective date, but not an effecti	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	

MICHAEL UP SNIVE UV.
Typed or printed name of signee