## 116000141491

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## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		oaching 4 Leaders, LLC.		
SUBSECT.		Name of Limited Liability Company		
The enclosed	Articles of A	Amendment and fee(s) are submitted for filing.		
Please return	all correspon	ndence concerning this matter to the following:		
		Mona Vetter		
		Name of Person		
		Executive Coaching 4 Leaders, LLC.		
	Firm/Company			
	60 Twin Lakes Rd			
		Address		
		Lake Placid, FL 33852		
		City/State and Zip Code		
		mona.vetter@outlook.com	₹	
		E-mail address: (to be used for future annual report notification)		
For further in	nformation co	oncerning this matter, please call:	2016 NOV - 1 SECRETARY TALLAHASSE	
Mona Vetter	:	954 818-5479	-1 SSEE	
·	Name of		Number	Ċ
Enclosed is a	a check for the	e following amount:	3: 07	
■ \$25.00 F	Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

Executive Coaching 4 Leaders, 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 Company were filed on 7/28/2016 and ass	signed
Florida document number L16000141491	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Corporate Coaching 4 Leaders, 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:	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	11 11 25
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here:	of the nev
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address (0.3)	1
E C C C C C C C C C C C C C C C C C C C	mplegar mit
City Florida Zip Code	<del></del>
New Registered Agent's Signature, if changing Registered Agent:	J
I hereby accept the appointment as registered agent and agree to act in this capacity: I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	oly with the

If Changing Registered Agent, Signature of New Registered Agent

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 = .	MBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			☐ Remove			
			☐ Change			
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C. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	(optional)  days after filing.) Pursuant to nents, this date will not be	605.0207 (3) listed as the
f the record specifies a delayed effective date, but not an effective time, at b) The 90th day after the record is filed.	12:01 a.m. on the ea	arlier of:
Dated October 26th 2016		
Signature of a member or authorized representative of a member of		_
Signature of a member or authorized representative of a member of	per	

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Typed or printed name of signee

Filing Fee: \$25.00