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COVER LETTER

	egistration Se ivision of Co				
Timeless Worth Coaching & Consultin SUBJECT:			LLC		
SOBJECT	•	Name of Lir	nited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	r to the following:		
		Esther Lully			
			Name of Person		~
		Timeless Worth Coaching	& Consulting, LLC		020 - 1 31 1 1
			Firm/Company		
		3730 11th Ave SW			
		<u>.</u>	Address		
		Naples, FL 34117			51.03.1. 20.03.1.
			City/State and Zip Code		P
		carthur0407@live.com			
		E-mail address: ((to be used for future annual report ne	otification)	
For further	information c	oncerning this matter, please o	ali:		
Esther Lull	у		239 784-8641		
	Name o	f Person	Area Code Dayt	ime Telephone Number	-
Enclosed is	a check for th	ne following amount:			
■ \$ 25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	ailing Addres		Street Address:		
	egistration S		Registration S		
	vision of C O. Box 632	orporations	Division of Co		
	U. BOX 032 Hahassoo I		The Centre of	Tallanassee	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Timeless Worth Coaching & Consulting, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000152989	were filed on 08/17/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TIMELESS WORTH, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	MA	9821
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NHA	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	. –
	Florid	la Zip Code
	- up	2017 - 2 415

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
		<u>.</u>	
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an effective date is listed, th iote: If the date inserted	e date must be specific in this block does no	and cannot be pr	ior to date of filing licable statutory	or more than 90 days filing requirements	after filing.) , this date) Pursuant will not l	to 605.02 be listed
ocument's effective date	on the Department of	of State's recor	ds.				
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		2020					
June 27th			. /1				
June 27th	<u> </u>		- Lul	l_			

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