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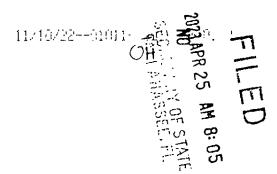
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations SMB Life Coach & Consulting Services LLC SUBJECT: 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: Sandra McQueen-Baker Name of Person SMB Life Coach & Consulting LLC Firm/Company 5035 NW 178 Terrace Address Miami Gardens, FL 33055 City/State and Zip Code sandrabaker08@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sandra McQueen-Baker Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

RECE!

2415 N. Monroe Street, Suite 810

Tallahassee, EL 32303----

RECEIVED
APR 2 5 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandra McQueen-Baker Consulting LLC	<u> </u>
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L16000192671	on 10/18/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
SMB Life Coach & Consulting 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:	
(Principal office address MUST BE A STREET ADDRESS)	5 202
Enter new mailing address, if applicable:	25 F
Mailing address MAY BE A POST OFFICE BOX)	SEE ST
	
3. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name of the new registe
New Registered Office Address:	
	ter Florida street address
	Florida
Ciţy	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>	Address	Type of Action
MGR	Sandra McQueen-Baker	5035 NW 178 Terrace, Miami Gardens, FL 33055	= Add
			□Remove
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ote: I	e date, if other than the date of filing:
record is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the .
ated _	
	Sandra MEducan - Dakod
	SMICOLO III OMISSI NIMACO
	Signature of a member or authorized representative of a member