

L16000213548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

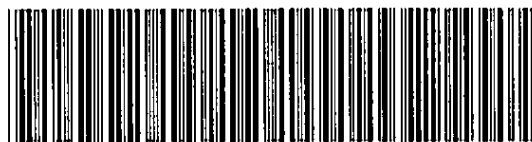
(Business Entity Name)

(Document Number)

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2021 MAR 12 AM 7:17

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MAY 21 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Financial Coach USA LLC

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:

Gabriel Fernandez

Name of Person

Financial Coach USA LLC

Firm/Company

1057 S Hiawassee Rd, Suite 1924

Address

Orlando, FL, 32835

City/State and Zip Code

financialcoach@gabrielfernandez.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gabriel Fernandez

844
at ()

8775267

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32309

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2021 MAR 12 AM 7:17

Financial Coach USA 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 11/28/2016 and assigned
Florida document number L16000215548.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

1057 S Hiawassee Rd

Suite 1924

Orlando, FL, 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1057 S Hiawassee Rd

Suite 1924

Orlando, FL, 32835

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Gabriel Fernandez

New Registered Office Address:

1057 S Hiawassee Rd, Suite 1924

Enter Florida street address

Orlando

Florida 32835

City

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tamara A. Andrade	801 NW 47 th Ave, Apt W307, Miami, FL, 33126	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gabriel Fernandez	1057 S Hiawasse Rd, Suite 1924, Orlando, FL, 32835	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The above amendments are effective 1/1/2021.

Effective 1/1/2021 Gabriel Fernandez has 100% ownership of Financial Coach USA LLC, and it is the only
Manager and Authorized Member of this LLC.

2021 MAR 12 AM 7:17

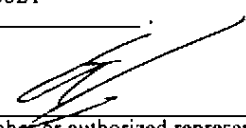
E. Effective date, if other than the date of filing: 1/1/2021 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 1st-----, 2021



Signature of a member or authorized representative of a member

Gabriel Fernandez

Typed or printed name of signee