# L17 0000 25764

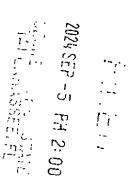
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Division of C		
SUBJECT: PA	TRICIA DRI	ESSEN BELLISSIMA LIC
	Nan	ne of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s	) are submitted for filing.
Please return all corres	pondence concerning thi	s matter to the following:
	PAT	RICIA DRIESSEN Name of Person
	EL	ITE LIFE COACHING 14C
	4:	298 REFLECTIONS PKWY
	SARA	15074 FL 342 33 City State and Zip Code
	_	IE38EN @live.com  iddress: (to be used for future annual report notification)
For further information	concerning this matter.	
PATRICI	A DRIESSE	N at (941) 416-4821 Area Code Daytime Telephone Number
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fe Certificate of S	
Mailing Addr Registration		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 63	•	The Centre of Tallahassee
Tallahassee	, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PATRICIA DRIESSEN BELLISSIMA LLC

Same of the Limited Liability Company as it now appears on our recor

The Articles of Organization for this Limited Liability Company were filed on 2/01/2017 and assigned Florida document number L17000025764 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELITE LIFE COACHING LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
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If an effe <u>Note:</u>   i	(optional)  ctive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	9-3-2024
	P. Drieffu Signification of a member or authorized representative of a member
	Sign/ture of a member or authorized representative of a member
	PATRICIA DRIESSEN Typed or printed name of signce