## 117000071469

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Mame Ch?

JUL 02 2019 I ALBRITTON

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| subject: <u>1</u> | lew           | Way! New D   | ay! Online Coad   | thing Solutions, LLC   |
|-------------------|---------------|--|---|--|
| The enclosed Ar   | nicles of A   | amendment and fee(s) are sub                             | mitted for filing.  |  |
| Please return all | correspon     | dence concerning this matter                             | to the following:   |  |
|                   |               | Kim  | Pasik<br>Name of Person   |  |
|                   |               | New Way! New   | Day! Online Coach   | ning Solutions, LLC  |
|                   |               | 111 Ti   | mber Run Ea   | .st  |
|                   |               | Riviera  | Beach FL 33 <sup>th</sup> City/State and Zip Code                               | 107  |
| For further infor | mation co     | E-mail address: (  | to be used for future annual report notif                                       | ication)   |
| Kim               | Pa<br>Name of | ر الل<br>Person  | at ( <u>561</u> ) <u>762</u><br>Area Code Daytime                               | - 7246<br>Telephone Number   |
| Enclosed is a che | eck for the   | : following amount:                                      |   |  |
| □ \$25.00 Filin   | g Fee         | □ \$30.00 Filing Fee &<br>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) |
|                   | Registra      | NG ADDRESS:<br>tion Section<br>of Corporations<br>x 6327 | STREET/COURI<br>Registration Section<br>Division of Corpora<br>Clifton Building | n  |

2661 Executive Center Circle

Tallahassee, Fl. 32301

June 18, 2019

KIM PAULK 111 TIMBER RUN EAST RIVIERA BEACH, FL 33407

SUBJECT: NEW WAY! NEW DAY! ONLINE COACHING SOLUTIONS, LLC

Ref. Number: L17000071469

We have received your document for NEW WAY! NEW DAY! ONLINE COACHING SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

> 2019 JUL -1 An II S IO: TALLAR

Letter Number: 719A00012129

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| New Way! New D   | ay ! Onl         | ine Coaching S                | olutions, LLC                             |
|--|------------------|-------------------------------|---|
|  | (A Florida Limit | ted Liability Company)        |   |
| The Articles of Organization for this Limited L. Florida document number <u>L1700071</u>   |                  | any were filed on $3/3$       | 9/2017 and assigned                       |
| This amendment is submitted to amend the foll  | owing:           |                               |   |
| A. If amending name, enter the new name o  | f the limited l  | liability company here:       |   |
| Good to Great Pro  |                  |                               |   |
| The new name must be distinguishable and contain the v   | ords "Limited L  | iability Company," the design | ation "LLC" or the abbreviation "L.L.C.". |
| Enter new principal offices address, if applic   | able:            | N/A                           |   |
| (Principal office address MUST BE A STREE  | T ADDRESS        | <u> </u>                      | ·   |
|  |                  |                               | 7   |
| Cara and the state of the state |                  | N/A                           | بې  |
| Enter new mailing address, if applicable:  |                  | 1411,                         |   |
| (Mailing address MAY BE A POST OFFICE  | <u>BUA)</u>      |                               |   |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of  | -                |                               | records, enter the name of the            |
| regimenta ligetti ultaror tile nem regionera o   |                  | •                             |   |
| Name of New Registered Agent:  | N/A              |                               |   |
| New Registered Office Address:   | N/A              |                               |   |
|  |                  | Enter Florida st              | reet address                              |
|  |                  |                               | , Florida                                 |
|  |                  | City                          | , Florida<br>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 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address      | Type of Action |
|--------------|-------------|--------------|----------------|
|              |             |              |                |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, i  | f necessary.)  |
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| E. 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 tiling or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | (optional) s after filing.) Pursuant to 605.0207 (3) ts, this date will not be listed as the |
| If the record specifies a delayed effective date, but not an effective time, at 12 (b) The 90th day after the record is filed.  | :01 a.m. on the earlier of:  |
| Dated 6/27/19.  |  |
| H. Paulk  |  |
| Signature of a member or authorized representative of a member  |  |
| Typed or printed name of signee   |  |
| Typed of printed name of signee   |  |

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Tiling Fee: \$25.00