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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
011B.IE		E FIRE COACHING, LLC		
SUBJE	.ст:	Name of Limit	ed Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
		ndence concerning this matter t		
		MELISSA BRITTON		
			Name of Person	
		BRITTON ACCOUNTING	& CONSULTING LLC	
	Firm/Company			
20107 SHADY HILL LN				
			Address	·
TAMPA, FL 33647				
			City/State and Zip Code	
		MELISSA@BRITTONACC		
		E-mail address: (	o be used for future annual report no	dification)
For fur	rther information c	oncerning this matter, please ca	all:	
MELI	SSA BRITTON		813 755-3075 at ( )	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	sed is a check for t	he following amount:		
<b>≡</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IGNITE THE FIRE COACHING, LL		
(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 Lial Florida document number L17000104240  This amendment is submitted to amend the follow	bility Company were filed on MAY 10, 2017	and assigned assigned and assigned and assigned and assigned and assigned assign
A. If amending name, enter the new name of (	the limited liability company here:	٠ <u>٠</u>
AMY CASCIANO, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	hle:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flo	orida
	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 =	<b>Authorized</b>	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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			□Remove
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fective date, if other than	the date of filing	**		(optional)	
on effective date is listed, the date of the date inserted in the date inserted in the date on the date on the date on the date of the dat	e must be specific and its block does not m	cannot be prior to d neet the applicable	ate of filing or more that e statutory filing requ	n 90 days after filing.) Purst	nant to 605.0207 not be listed as
record specifies a delayed eft is filed.	ective date, but not	an effective time.	at 12:01 a.m. on the	earlier of: (b) The 90th	n day after the
OCTOBER I		2020			
	·· ¹				

Typed or printed name of signee