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PICK-UP	WAIT MAIL				
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(Document Number)					
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D. SCOTT

JAN 9 2018

## **COVER LETTER**

Division of Corporations	
SUBJECT: ESPINOZA - ORTEGA BUSINESS COACHING SERVICES LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
DAICY ORTEGA DE ESPINOZA Name of Person	
Name of Person	
ESPINOZA-OCIEGA BUSINESS COACHING EEZVICES LLC	
6731 GIANT CAK LANE # 219	Ť
Address	_
ORLANDO, FL 32810  City/State and Zip Code  COACHING SERVICES LLC 1 @ grail com  E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
COACHINGSERVICES LLC 1@ gmail com	
For further information concerning this matter, please call:	
Daicy Orzrega 321, 4401171	
Name of Person Area Code Daytime Telephone Number	

□ \$55,00 Filing Fee &:

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee.

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ESPINOZA-ORTEGA BUSINESS COACHING SERVICES 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 Li	ability Company	were filed on	and a	ssigned
Florida document number	·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
NA				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	or the abbreviation	L.L.C."
Enter new principal offices address, if applic		9100 Summit # 306 Orlan	Cantre a	<u> Cort</u>
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	# 306 Urlan	rcti Ft.	52810
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/			s, eiter the nam	e_of_the_new
registered agent and/or the new registered of	fice address her	<u>e</u> :	00 - 00 - 00 - 00 - 00 - 00 - 00 - 00	
Name of New Registered Agent:	N/A		Fig. A	
New Registered Office Address:	NIA		02000 0000 0000 0000 0000 0000 0000 0000 0000	
		Enter Florida street addres	s	
		, Flo	oridaZip Coa	
		City	Zip Cod	e

## 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective date is Note: If the date i	f other than the date of listed, the date must be specinserted in this block doctive date on the Department	cific and car is not meet	not be prior to t the applicat	C1 / 20 date of filing of the statutory f	r more than 90 c	_ (optional) lays after filing.) ents, this date v	Pursuant to vill not be	605.0207 (3) listed as the
the record speci ) The 90th day	ifies a delayed effec y after the record is	tive date filed.	e, but not	an effectiv	e time, at 1	2:01 a.m. c	on the ea	arlier of:
Dated O1 1	105/3018	·· · -	2017					
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	Signatu	re of a men	ber of author	ized representati	ive of a membe		<u> </u>	-
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Filing Fee: \$25.00