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COVER LETTER

TO:	Registration Section Division of Corpora		New Man	e pease	change
SUBJ	ест: Доо о (Oach thelibyld Name of Limited	New Nam 1 — CTW # Liability Company	automoR ve	
The er	nclosed Articles of Ame	endment and fee(s) are submitte	ed for filing.		
Please	return all corresponder	ice concerning this matter to th	ne following:		
		Jessica	Heier		
	-	CTU	Name of Person Automol	nive-bef	fore coach the world
	-	863 5 h) HUSborcu	gh Ave	
	- -	Jer jes	ity/State and Zip Code Signal Code used for future annual report not	15 gm aid	.Can
For fu	rther information conce	rning this matter, please call:			
	Name of Per	ssica Meiai	at (813) Area Code Daytim	89 13 ne Telephone Number	
Enclos	sed is a check for the fo	Howing amount:			
75	25.00 Filing Fee E	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contadditional cop	of Status & oppy
	Mailing Address: Registration Sect	ion	<u>Street Address:</u> Registration Se	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Coachtheliverid,	LLC 2023 FEB -3 AM II: 13
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	was it now appears on our records.) ability Company) RE TARY OF STATE
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1700230026</u>	were filed on $\frac{M}{107}$ $\frac{7017}{2017}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	<u> </u>
Enter new principal offices address, if applicable: (Principal office address MUST BE'A STREET ADDRESS)	URS Store / CTW Avenchie PO 272
Triacipal Office and CSS NOST DE ASTREET ADDINESS	TOMBE FL 33615
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	Sica Meior
New Registered Office Address:	Enter Florida street address COMPONE Florida 36/5
	City Zıp 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 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>	<u>Address</u>	Type of Action
1	Jessica Meier	8635 W. Hillst	scrough Trada
		-	□Remove
MGR	Jastyne Meier	8635 W. Hillsbore	□ □ Change
			□Remove
<u>D</u>	Ronald Maier	8635 W. Hillsboro	□Change AVE Xidd
			□Remove
		· -	□Change
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(If an effect	e date, if other than live date is listed, the date	must be specific	and cannot be pric				iling.) Pursuant to 60	
	the date inserted in this t's effective date on the				filing requi	rements, this	date will not be lis	sted as th
	specifies a delayed effe	ctive date, but	not an effective	time, at 12:01	a.m. on the c	arlier of: (b)	The 90th day aft	er the
ord is filed	l							
Dated _	Tanpa			23				
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Filing Fee: \$25.00