117000230347

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	- -	

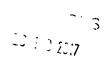
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COVER LETTER

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Div	ision of Corp	orations		
SUBJECT:	Jar Industries			
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Joanne Hayes		
			Name of Person	
			Firm/Company	
		28950 Bermuda Pointe Circ	cle Unit 103	
			Address	
		Bonita Springs, FL 34134		
			City/State and Zip Code	
		joeyhayes123@gmail.com		
		E-mail address: (t	to be used for future annual report notific	cation)
For further i	information co	ncerning this matter, please ca	all:	
Joanne Hay			239 285-3904 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 1	Filing Fee	■ \$30.00 Filing Fee & 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)

MAILING ADDRESS:

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jar Industries, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number £17000230247	were filed on November 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MNM Coach, LLC		后 ()
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		P
(Principal office address MUST BE A STREET ADDRESS)		2
		<u> </u>
Enter new mailing address, if applicable:	PO Box 2846	
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs FL 34133	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joanne Hayes	28950 Bermuda Pointe Circle	□ Add
		Unit 103	☐ Remove
		Bonita Springs, FL 34134	€ Change
AMBR	Jennifer Hayes	9793 Montana Court	Add
		Bonita Springs, FL 34135	□ Remove
			☐ Change
			Add:
			Remove
			☐ Changes
			□ Add ∓
			Remove
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ective date, if other the effective date is listed, the e	late must be specific and car	mot be prior to date of fil	ing or more than 90 days afte	ional) er filing.) Pursuant to 605,026
te: If the date inserted in cument's effective date or			ry filing requirements, th	is date will not be listed a
annem semente date of	tale iseparation or state	J Total as.		
record specifies a de The 90th day after th		e, but not an effec	ctive time, at 12:01	a.m. on the earlier
December 6, 2017	Aec 6	2017		
	Dec 6,	2017 . 14		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00