

L18000055924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

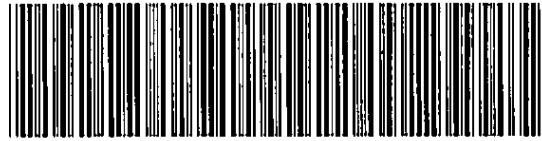
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUN 17 PM 1:58

FILED

Amend/Name
chg

JUN 18 2019
1 ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My Training Coach, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Rosenthal
Name of Person

My Training Coach, LLC
Firm/Company

1447 Barclay Ct.
Address

Palm Beach Gardens, FL 33412
City/State and Zip Code

HEALMYPTSD@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Rosenthal at (561) 531-1405
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2019

MICHELE ROSENTHAL
1447 BARLOW CT
PALM BEACH GARDENS, FL 33410

SUBJECT: MY TRAUMA COACH, LLC
Ref. Number: L18000055924

We have received your document for MY TRAUMA COACH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P98000077591 - HOLISTIC HEALTH CONNECTION, INC.,.

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

Letter Number: 519A00008267

RECEIVED
2019 JUN 17 PM 2:56
TALLAHASSEE, FL

Revised
June 2019

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

My Trauma Coach, 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 Liability Company were filed on 3/02/2018 and assigned
Florida document number L18000055924.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COLLABORATE
Holistic Health Connections, LLC HOLISTIC HEALTH CONNECTIONS COLLABORATE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

Page 2 of 3 intention of amendment

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>	<u>Type of Action</u>
MGR	Michelle Rosenthal		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FROM AMBR to MGR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top center, there is some faint, illegible handwriting or a stamp. The rest of the page is blank except for the lines.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

April 15, 2019
 Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Michele Rosenthal
Typed or printed name of signer

Typed or printed name of signee