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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	rision of Cor	porations			
endiect.	Rocket Coaching LLC				
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Wesley Wiley			
			Name of Person		
		Rocket Coaching LLC			
Firm/Company					
		7006 Winding Lake Circle			
			Address		
		Oviedo, FL 32765			
			City/State and Zip Code		
		wes@wesleywiley.com			
			to be used for future annual report no	stification)	
For further i	nformation c	oncerning this matter, please c	all:		
Wesley Wil	ey		407 885-8823 at ()		
	Name o	r Person	Area Code Dayti	me Telephone Number	
Enclosed is	a check for t	he following amount:			
	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)	
	Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUP Registration Sect Division of Corp Clitton Building		

Clifton Building 2601 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rocket Coaching LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L18000069470</u>	Company were filed on $rac{\mathrm{Mi}}{2}$	arch 16, 2018	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company ho	ere:		
Vertical Coaching LLC				
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the c	lesignation "LLC" or th		
Enter new principal offices address, if applicable:	7006 Winding I	Lake Circle	19 / SEU ALL	
(Principal office address MUST BE A STREET ADD.	RESS) Oviedo, FL 327	65	AR PROT	ī
			\$ 22 F	_
			7 P	コ
Enter new mailing address, if applicable:	7006 Winding I	Lake Circle	17 S	ر
(Mailing address MAY BE A POST OFFICE BOX)	Oviedo, FL 327	765	97 - S	
			>	
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	iress here:	our records, <u>en</u>	ter the name of the n	ew
New Registered Office Address: 7006	Winding Lake Circle	rida street address	 	
			220/#	
Oviec ———	City	, Florida	32765 Zip Code	
New Registered Agent's Signature, if changing Registere	•		rap com	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register	and agree to act in this complete performance of igent as provided for in (^e my duties, and Lo Chapter 605, F.S.	on familiar with and Or, if this document is	he

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			□ Remove
			□ Change
			FALL AF
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			□ Change

,D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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<u> </u>	~	[i]
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	80	
E. Effective date, if other than the date of filing:		
(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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 (3 d as th	ie ie
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	r o f:	
Dated		
Dated April 17th 2019 Wester Wiles Signature of a member of authorized representative of a member		
Wesley Wiley Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00