L18000094658

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



400430588884

08/03/24--01012--027 **25.00

PILED

2024 JUN -3 PM 3: 35

SECRETARY SECURE FL

Mame Changl

JUL 1 2 2024

D CUSHING

CONNER LAW, P.A.

4488 North Oceanshore Boulevard Palm Coast, Florida 32137 Telephone (386) 445-9322 Facsimile (386) 446-4951

TIMOTHY J. CONNER tjconner@connerlawpa.com

May 30, 2024

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

Re:

Articles of Amendment Filing for

Conner Bosch Law, P.A. Document No. P96000029624

Dear Sir/Madam:

Enclosed please find original Articles of Amendment to Articles of Organization for Win Fer Back In 8 Weeks, LLC for filing. Further enclosed is a check made payable to the "Florida" Department of State" in the amount of \$25.00 representing the filing fee.

Thank you for your assistance in this matter.

Sincerely.

Timothy J. Conner

Attorney

TJC:rg Enclosure

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: Win Her B	ack in 8 Weeks, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy J Conner		
		Name of Person	
	Conner Law PA		2024 SEC
		Finn/Company	
	4488 N Oceanshore Blvd		2024 JUH -3 SEGRETANY
	- Troop - Occans. or Date	Address	PM 3: 35
			ကိုတုံ မှ
	Palm Coast		35
		City/State and Zip Code	141
	tjconner@connerlawpa.con		
	E-mail address: (to be used for future annual report notif	lication)
For further information of	concerning this matter, please o	all:	
Timothy Conner		at (386) 445-9322	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addres	_	Street Address:	otion
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIN HER BACK IN 8 WEEKS, 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 April 16, 2018	and assigned
Florida document number L 18000094658		产品 0
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	dity company here:	
CHRISTIAN LIFE COACHING, LLC		
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:		,
(Principal office address MUST BE A STREET ADDRESS)		_
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter th	ne name of the new registered
New Registered Office Address:	Enter Florida street address	
	171	
	, Flor City	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is

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>	Address	Type of Action
			□Add
			□ Remove
		□Change	
			🗀 Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□ Remove
			Change
			🗆 Add
		□ Remove	
		□Change	
			□Add
			□Remove

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
-	
Effecti	ve date, if other than the date of filing:
Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the art's effective date on the Department of State's records.
he 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
Dated .	My 29 , 2024 . Signature of a member or authorized representative of a member
	Dent law Ary.
	Signature of a member or authorized representative of a member
	Timothy J Conner, Attorney
	Typed or printed name of signee

D::: D #25.0