

218000107594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/1

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07/13/21--01027--007 **60.00

FILED

2022 MAR -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/C
&
Amend.

APR 07 2022

D COWELL

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2021

LIFE COACH 8, LLC
19046 BRUCE B DOWNS BLVD
STE 1540
TAMPA, FL 33647

SUBJECT: LIFE COACH 8, LLC
Ref. Number: L18000107894

We have received your document for LIFE COACH 8, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is too light to read and it is not acceptable for imaging.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00018077

Division of Corporations

Registration Section

PO Box 6327

Tallahassee, FL 32314

Attn: Yasmine

RE: Articles of Amendment/ Business Name change

February 11, 2022

As per our conversation, I have re-submitted my documents to change the business name, as the original paperwork sent and received by your office was deemed illegible. New copies are attached for your review.

Thank you for your cooperation in handling this matter.

Respectfully,

Max García

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFE COACH 8 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAX GARCIA

Name of Person

MAX GARCIA MOTIVATIONAL SPEAKER, LLC

Firm Company

19046 BRUCE B DOWNS BLVD SUITE 1540

Address

TAMPA, FLORIDA 33647

City State and Zip Code

AJ@KAIFINANCIAL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA JONES

Name of Person

at (800)

Area Code

471-1715

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

ATTN: YASMINE

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

LIFE COACH 8, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 MAR - 1 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/30/2018 and assigned
Florida document number L18000107894

This amendment is submitted to amend the following:

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

MAX GARCIA MOTIVATIONAL SPEAKER, 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:

19046 BRUCE B DOWNS BOULEVARD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 1540

TAMPA, FLORIDA 33647

Enter new mailing address, if applicable:

19046 BRUCE B DOWNS BOULEVARD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 1540

TAMPA, FLORIDA 33647

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:

N/A

Enter Florida street address

City

Florida

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.

N/A

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

[illegible]

(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.

Max Garcia
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00