

L18 000217392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

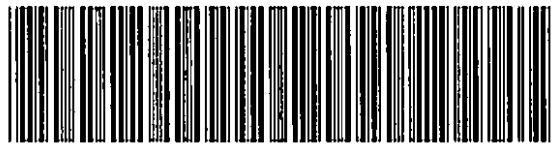
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2021 NOV -4 AM 10:03  
CLERK OF STATE  
TALLAHASSEE, FL

Y SULKER

NOV 08 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -1 PM 1:08

September 24, 2021

OMEGA ELITE PERFORMANCE FOOTBALL TRAINING LLC  
7400 STIRLING RD  
APT 417  
HOLLYWOOD, FL 33024

SUBJECT: OMEGA ELITE PERFORMANCE FOOTBALL TRAINING LLC  
Ref. Number: L18000217392

We have received your document for OMEGA ELITE PERFORMANCE FOOTBALL TRAINING LLC and your check(s) totaling \$26.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is not legible.

It appears that the word in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled . If you did not misspell this word intentionally, please correct the spelling to read and resubmit the document for processing.

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: 321A00023203

1. *Chlorophyll a* (Chl *a*)

**TO: Registration Section  
Division of Corporations**

SUBJECT: Dr. Wil Life Coaching & Therapeutic Solutions  
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:

Willie Bankston III  
Name of Person

7400 Stirling Rd Apt 417

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Address

Hollywood FL 33024  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ken Bawikstow at (305) 987-3812  
Name of Person Area Code Daytime Telephone Number

I've already sent Chell

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

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

OMEGA Elite Performance Football Training

(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 9/13/2018 and assigned Florida document number L18000217392

This amendment is submitted to amend the following:

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

Dr Will Bankston Life Coaching and Therapeutic Solutions 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)

Will Bankston

7400 Stirling Rd Apt 417  
Hollywood FL 33024

**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:

Will Bankston IV

New Registered Office Address:

9810 West Fern hwy 33025

Enter Florida street address

MIRAMON

Florida

City

33024  
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.*

Will Bankston IV

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>
CED	Wilke Bankston	7400 Sterling Rd Apt 417 Hollywood FL 33024	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Agent	Wilke Bankston	9910 West Fern Ln Miramar FL 33055	<input type="checkbox"/> Add <input type="checkbox"/> Remove <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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

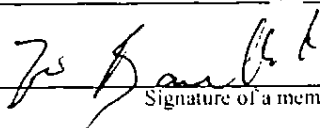
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

9/13/21



Signature of a member or authorized representative of a member

Willie Boulster

Typed or printed name of signer

Filing Fee: \$25.00