L18000217392

(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:

Office Use Only

500369830595

FILED
2021 NOV -7 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FL

Y SULKER
NOV 08 2021

2021 NOV -1 PM 1:08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

COVER LETTER

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
Firm/Company

Address

Hollywood FL 33024
City/State and Zip Code

Wilbankston@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

I've already sent check

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 Life Coaching and Therapeutic Solutions LLC

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

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

Willie Bankston
7400 Sterling 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
Enter Florida street address

Miramar, **Florida** 33024
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.

W 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

Title	Name	Address	Type of Action
CEO	Willie Banckston	7400 Sterling Rd Apt 417 Hollywood FL 33024	☑ Add
			☐ Remove
			☐ Change
Agent	Willie Banckston IV	9910 West Fern Ln Miramar FL 33055	☐ Add
			☐ Remove
			☑ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ 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

William Banister

Typed or printed name of signee

Filing Fee: $25.00