

L18000218442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 SEP 21 AM 11:33

N COOPER

SEP 24 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LYD Coaching LLC  
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:

Jon-Paul Pertierra  
Name of Person

Firm/Company

15920 SW 83 ave  
Address

Miami FL 33157  
City/State and Zip Code

Jppertierra88@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon-Paul Pertierra at 305 609-5126  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Page 1 of 3

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>
MBR	Jon Paul Portierra	15920 SW 83 ave	<input checked="" type="checkbox"/> Add
		Miami FL 33157	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jon Paul Portierra	15920 SW 83 ave	<input type="checkbox"/> Add
		Miami FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jon Paul Portierra	15920 SW 83 ave	<input type="checkbox"/> Add
		Miami FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jon Paul Portierra	15920 SW 83 ave	<input type="checkbox"/> Add
		Miami FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jon Paul Portierra	15920 SW 83 ave	<input type="checkbox"/> Add
		Miami FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jon Paul Portierra	15920 SW 83 ave	<input type="checkbox"/> Add
		Miami FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 SEP 21 AM 11:33

FILE:  
SECRETARY OF STATE  
DIVISION OF INFORMATION

(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.

Dated September 9, 2018

Signature of a member or authorized representative of a member

Jon-Paul Pertierra

Typed or printed name of signee