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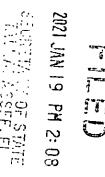
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COVER LETTER

TO: Registration Section

Division of Cor	rporations				
Cathi Marc	cus Coaching, LLC				
SUBJECT:					
	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:			
	Cathi Shaw-Marcus				
		Name of Person			
	Cathi Marcus Coaching, L	LC			
		Firm/Company			
	7982 Emerald Winds Circl	le	2.000 2.000 2.000 2.000 2.000	2021 JAN	<u></u>]
		Address		Ž	~====
	Boynton Beach, FL 33473		(-); (2)(2)	9 PH	(7 7
		City/State and Zip Code	30	2	
	CathiMarcusCoaching@gm	ual.com		: 03	
	E-mail address: (to be used for future annual report notific	ation)	CO	
For further information c	oncerning this matter, please co	all:			
Cathi Marcus		954 854-4524			
		at ()			-
Name o	f Person	Area Code Daytime T	Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil Certificat Certified (additional	te of St Copy	tatus &
<u>Mailing Addres</u>	ss:	Street Address:			
Registration 5		Registration Secti	ion		
Division of C		Division of Corpo			
P.O. Box 632		The Centre of Tal			
Tallahassee.	FL 32314	2415 N. Monroe S Tallahassee, FL 3		10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cathi Marcus Coaching, 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 _____ and assigned Florida document number L18000219796 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cathi Marcus Enterprises, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7982 Emerald Winds Circle Enter new principal offices address, if applicable: Boynton Beach, FL 33473 (Principal office address MUST BE A STREET ADDRESS) 11 7982 Emerald Winds Circle Enter new mailing address, if applicable: Boynton Beach, FL 33473 (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: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and ock does not m	cannot be prior	able statuto			filing.) Pursu		
e record specifies a delayed effective rd is filed.	date, but not a	an effective t	ime, at 12:0	I a.m. on the	earlier of: (b)	The 90th	day afte	er the
December 10		2020						
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