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COVER LETTER

TO: Registration S Division of Co		,	
SUBJECT: Sober Su	ccess Coaching LLC		
		ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	George Graner		
		Name of Person	
	Sober Success Coacl	hing LLC	
		Firm/Company	 _
	4215 East Bay Drive	e 1601D	
		Address	
	Clearwater FL 33764		
		City/State and Zip Code	
	gg27560@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
George Graner		at (813) 468-0542 Area Code Daytim	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



Sober Success 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 L Florida document number L18000241398	iability Company	were filed on 10/12/2018	and assigned
Fiorida document number 21000211000			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3030 N. Rocky Point Dr.	
		STE 150A	
		Tampa FL 33607	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3030 N. Rocky Point Dr. STE 150A	
		Tampa FL 33607	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her		iter the name of the new
New Registered Office Address:	3030 N. Rocky Point Dr. STE 150A		
	Enter Florida street address		
	Tampa	Florid	33607
		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.

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** <u>Name</u> <u>Address</u> **Type of Action** 4215 East Bay Drive 1601D MGR George Graner 🗹 Add Clearwater, FL 33764 □ Remove ☐ Change □ Add ☐ Remove _□ Remove □ Change _□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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fective date, if other than the date of fil	ing:	(0	optional)
n effective date is listed, the date must be specific ote: If the date inserted in this block does no cument's effective date on the Department of	ot meet the applicable st	of tiling or more than 90 days atutory filing requirements	after filing.) Pursuant to 605.020 , this date will not be listed as
record specifies a delayed effective. The 90th day after the record is file		effective time, at <u>12</u> ;(01 a.m. on the earlier o
October 29	2018		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00