## L18 000 277671

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## COVER LETTER

TO: Registration S Division of Co		<b>√</b> 1 3	* •
SUBJECT: LG	TIS 60 COF	TCHES LLC nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MODIES	BEDO-7A  Name of Person	
		(BACHES LL( Firm/Company	<del></del>
	2319 Fitzp	PATYICIS TEVV	· <del></del>
	DIHUNA F	City/State and Zip Code	<del></del>
For further information	E-mail address: (	to be used for future annual report notificall:	cation)
		at (321) 4472- Area Code Davtime	4-166 Telephone Number
Enclosed is a check for	the following amount;		
<b>■ \$25.00</b> 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

LET'S GO COACHES LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabil	hty Company)  TALLAHASSEE, FLURIDA
The Articles of Organization for this Limited Liability Company wer	c filed on 17/03/7018 and assigned
Florida document number <u>L 18000277671</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	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)	
_	
Enter new malling address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del>-</del>	
B. If amending the registered agent and/or registered office	address on our magnife auton the name of the name
registered agent and/or the new registered office address here:	address on our records, enter the harne of the new
Name of New Registered Agent:	
New Registered Office Address:	
non negative office requests.	Enter Florida street address
	Florida Florida Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per- accept the obligations of my position as registered agent as prov	formance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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	<u>Address</u>	Type of Action
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ote: If the	date inserted in this b	e date of filing:  est be specific and cannot be lock does not meet the a Department of State's re-	applicable statuto	ry filing require	ments, this date	Pursuant to 605.0
	specifies a delaye day after the rec	d effective date, bucord is filed.	ut not an effec	ctive time, at	12:01 a.m. o	on the earlie
ted()	1/12/2019	·				
	1	Signature of a member o	and hard	antative of a man	har	<del></del>
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Filing Fee: \$25.00