

(Requestor's Name)			
(Address)			
(Áddress)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
fied Copies Certificates of Status			
ecial Instructions to Filing Officer:			
Q. SILAS			
1 CULZ			

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IVIŠTOS OF CORPORATION TALLAHASSEE, FLORIDA

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THAY 24 PM 3:3!
SECRETARY OF STATE

COVER LETTER

Registration Section **Division of Corporations**

ECT: ALK	Coaching & P	Roductions	
	Nucle of Lin	nited Erability Company	
nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	Angie L. Ke	aton Wilhins Name of Person	
	ALK Coachin	y + Productions Finn/Company	
		Address	
	Coachingaa	City/State and Zip Code CKcppro. Com to be used for future annual report noti	
rther information e	oncerning this matter, please c		fication)
ngie Likea	ton Wiggins f Person	at (<u>\$50</u>) <u>284–5</u> Area Code Daytim	55 70 e Telephone Number
sed is a check for the	ne following amount:		
5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED

7072 MAY 24 PM 3: 3!

Abundant Living Artwork	SECRETARY OF STATE Liability Company) SECRETARY OF STATE TALLAHASSEE, FL	
(A Florida Limited I	any ak it now appears on our records.) TALLAHASSEE, FL Liability Company)	
: Articles of Organization for this Limited Liability Company rida document number	were filed on $\frac{1/4/2019}{}$ and assigned	
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab ALK Couching & Productions L	•	
new name must be distinguished and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
ter new principal offices address, if applicable:	8324 Lellow Lane	
incipal office address MUST BE A STREET ADDRESS)	TAllahassee, FL 3231	
ter new mailing address, if applicable:	P.O. Box 6973	
ailing address MAY BE A POST OFFICE BON)	P.O. Box 6973 Tallahassee, FL 32314	
If amending the registered agent and/or registered office a ent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter the name of the new registered</u>	
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
w Registered Agent's Signature, if changing Registered Agent:	Cuv Zip Code	
	provided for in Chapter 605, F.S. Or, if this document is	
If Chang	ging Registered Agent, Signature of New Registered Agent	

iending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added moved from our records:

	Name	Address	Type of Action
ent	Angie Wiggins	8324 Yellow Lane	EAdd
	•	8324 Yellow Lane Tallahassee, FL 32311	□Remove
			[] Change
			□Add
			□Remove
			; □Change
			□Add
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			CAdd
			□Remove
			□Change

mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ctive date, if other than the date of filing: 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) 11 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ament's effective date on the Department of State's records.
ord 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 filed.
d May 24 . 2022.
Orgie L. Kesten Wifting Signature of a member or authorized by resentative of a member
Angie L. Keater Wiggins Typed or printed name of signee

Filing Fee: \$25.00