Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 : (323)962-8600

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future, annual report mailings. Enter only one email address please. ** Gri

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE COACH'S DEN LLC

Certificate of Status 0	
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Éléctronic Filing Menu Corporate Filing Menu

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COVER LETTER

TO: Registration Se Division of Cor			
	CH'S DEN LLC		
SUBJECT:	Name of Limi	ied Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th F1		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	teambanksllc@gmail.com E-mail address: (t	to be used for future annual report noti-	fication)
For further information of	oncerning this matter, please $ abla$	all:	
Cheyenne Moscley		800 773-0888	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on rations
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020-11-12 17:00:38 PST

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

_ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Title</u> Address Name | AMBR TOMMY HARDEN bbA 🗅 8200 CYPRESS PLAZA DR. #410 JACKSONVILLE, FL 32256 ■ Remove _□ Change _D Add _□ Remove ☐ Change □ Add □ Remove _ Change _□ Add ☐ Remove _ Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove

Effective date, if other than the date of filing: 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 Motes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filed. Dated September 9, 2020 Signature of a member or authorized representative of a member. Lee Banks		
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Signature of a member or authorized representative of a member		Tu Banfer
Lee Banks		Signature of a member or authorized representative of a member
		Lee Banks

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Filing Fee: \$25.00