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COVER LETTER

TO:	Registration Se- Division of Cor			
	Redefine C	Coaching LLC		
SUBJ	ЕСТ:	Name of Lim	ited Liability Company	
		righte of Little	aca maonty Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub	mitted for filing	
Please	return all correspo	ndence concerning this matter	to the following:	
		Noah Krisch		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Redefine Coaching		
			Firm/Company	
		847 81st ST. #4		
			Address	
		Miami Beach, FL 33141		
		noahk32@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	irther information co	oncerning this matter, please ca	all:	
Noah	n Krsich		623 680-1889	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
□ \$2	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

TO ARTICLES OF ORGANIZATION OF

Redefine Coaching LLC		201	20:11 K <u>A 1 - 114</u> 8
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now apported Limited Liability Company	ears on our records.)	- Cn + H U 2
The Articles of Organization for this Limited Liabilit Florida document number		January 30, 2019	and assigned
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 Company," th	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office a		on our records, <u>er</u>	ter the name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	florida street address	
		, Flo ri da	1
	Cuy		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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Noah Krisch	847 81st ST. #4 Miami Beach, FL 33141	■ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
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			☐ Change
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			□ Change

, , ,	
	July 21, 2019
E. Effective	1 . 27 . 1 . 1 . 1 . 0 . 0011
(If an effect Note: If	ive date, if other than the date of filing:
	t's effective date on the Department of State's records.
If the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(b) The 9	Oth day after the record is filed.
J	aly 21 <u>2019</u>
Dated	
	Signature of a member or authorized representative of a member
	Noah Krisch
	(North Defen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00