L19000043111

(Requestor's Name)
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(City/State/Zip/Phone #)
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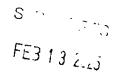
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	nt Academy LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Sky Stephenson		
		Name of Person	
	The Healthy Christian Wo	man	
		Firm/Company	
	2684 Copperwood Ave.		
		Address	
	Orange Park, FL 32073		
		City/State and Zip Code	
	sky@thehealthycw.com	to be used for future annual report noti	firstian)
For further information c	oncerning this matter, please c		
Sky Stephenson		404 808-7029	
	en .		e Telephone Number
Name o	f Person	Alea Code Dayum	ie Telephone Number
Enclosed is a check for th	ne 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 Addres	is:	Street Address:	
Registration S	Section	Registration Se	
Division of C	-	Division of Cor The Centre of T	
P.O. Box 632	. 1	inc Centre of 1	i arranassuu

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goal Weight Academy LLC		
(Name of the Limited Liah (A Flor	pility Company as it now appears on our records. rida Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Florida document number <u>L19000043111</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	
The Healthy Christian Woman, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECH SECH
Principal office address MUST BE A STREET AD	DRESS)	
		F 0 1
		SSEE
Enter new mailing address, if applicable:		וויי יה
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registe		he name of the new register
gent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zin 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			DAdd
			□Remove
			🗀 Change
			□Add
			□Remove
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ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Department.	ek does not meet	the applicable	ate of filing or more statutory filing r	than 90 days after fi equirements, this c	iling.) Pursuant to 605. date will not be liste	.0207 ed as
record specifies a delayed effective is filed.	date, but not an	effective time.	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
	•	2024				
December 29th ated		.024	-			
ated	· olo		cd representative of	a member		

Filing Fee: \$25.00