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SEGREIARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Name of Limited Liability Company							
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Patricia Jean						
		Name of Person					
	Pat's Life Lessons & Journ	ley Of Change LLC					
	nelosed Articles of Amendment and fee(s) are submitted for filing. Patricia Jean Patricia Jean						
	218 P.O Box						
		Address					
	Windermere,, FL 34786						
	E-mail address: (to be used for future annual report notif	fication)				
For further information	concerning this matter, please co	all:					
Patricia Jean							
Name (of Person	Area Code Daytime	: Telephone Number				
Enclosed is a check for (the following amount:						
S25.00 Filing Fee			□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed				

MAILING ADDRESS:

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Registration Section Division of Corporations

TO:

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

Pat's Life Lessons & Journey Of Change LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 18, 2019 and assigned Florida document number 1.19000047995 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," the designation "LLC" or the abbreviation "L.L.C." 750 S Orange Blossom Trl Suite #237 Enter new principal offices address, if applicable: ᇴ Orlando, FL 32805 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Esaie Jean	6022 Westgate Dr Apt 204 Orlando, FL 32835	
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			☐ Change
			Remove
			Change
			SS GAdd
			Phanes
			' □ Remove
			☐ Change
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		05/08/2019				
fective date, if other than a effective date is listed, the date: If the date inserted in cument's effective date on	n the date of filing: ne must be specific and en this block does not me	unnot be prior to date et the applicable sta			g.) Pursuant t	
record specifies a de The 90th day after th		te, but not an e	ffective time, at	: 12:01 a.m	. on the e	arlier o
ted May 5		2019				
\(\lambda\)	· C & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		presentative of a mem			

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Typed or printed name of signee

Filing Fee: \$25.00