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(Re	equestor's Name)	
(Ad	Idress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

SEP 13 2019 I ALBRUTON

COVER LETTER

CUDICAT.	Whats the M	Matter coaching, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Krystal Ortiz Rivera		
			Name of Person	
		P.O. Box 558403	Firm/Company	
		Miami, Florida, 33177	Address	
		info@whatsthemattercoachi	City/State and Zip Code ing.com	
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation c	oncerning this matter, please ca	all:	
Krystal Orti			786 747-0945 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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

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



August 13, 2019

KRYSTAL ORTIZ RIVERA P.O. BOX 558403 MIAMI, FL 33177

SUBJECT: WHAT'S THE MATTER COACHING, LLC

Ref. Number: L19000074463

We have received your document for WHAT'S THE MATTER COACHING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to date, sign and type print your name in the spaces provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 719A00016436

www.sunbiz.org

Division of Communations D.O. DOV 6997 Tollahanna Florida 999

TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our relimited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor Florida document number	· ·	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE		
	 :	. .
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		တ္
<u> </u>		2)
 If amending the registered agent and/or registe egistered agent and/or the new registered office addre 		cords, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	nddress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Whats the matter coaching LLC.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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>	Name	Address	Type of Action
MGR	Oscar Alejandro Hernandez	1340 SW 76 Court Miami, Florida, 33144	■ Add
			□ Remove
			Change
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ffectiv	e date, if other than the date of filing: (optional)
an effe	ctive 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
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nt's effective date on the Department of State's records.
ocume	in seriestive date on the Department of State s records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
ated_	0012119
eated _	
	hutte (Alate Que)
	- Mya and I way
	Signature of a member or authorized representative of a member
	That he are
	Mistal Ortiz Rivercu
	Typed or printed name of cones

Page 3 of 3

Filing Fee: \$25.00