

L190000 94171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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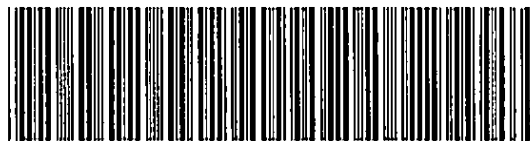
(Business Entity Name)

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C. GOLDEN

MAY 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fertility Financial Coaching

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roland Salloum

Name of Person

Law Office of Roland Salloum

Firm/Company

515 North Flagler
~~Marathon~~ Drive Suite P-300

Address

West Palm Beach, Florida 33401

City/State and Zip Code

R@salloum.legal

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roland Salloum

561 351.2451
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Journal of Management Education 30(6)

20261***-8 PF: 2:20

(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

515 North Flagler Drive

Suite P-300

West Palm Beach, Florida 33401

515 North Flagler Drive

Suite P-300

West Palm Beach, Florida 33401

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

(iv)

Zip Code

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Richard Salbman
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00