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COVER LETTER

TO:

Tallahassee, FL 32314

	nancial Coaching		
SUBJECT:			
Division of Corporations Fertility Financial Coaching			
Please return all correspo	ondence concerning this matter	to the following:	
	Roland Salloum		
		Name of Person	
	Law Office of Roland Salle	oum	
	515 North FI	ougle: Drive Smite	P- 300
	West Palm Beach, Florida	33401	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	alt:	
Roland Salloum			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FERTILITY FINANCIAL COACHING LLC

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(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 Florida document number 1.19000094171	were filed on 04/04/2019 and assigne		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C.		
Enter new principal offices address, if applicable:	515 North Flagler Drive		
(Principal office address MUST BE A STREET ADDRESS)	Suite P-300		
	West Palm Beach, Floirda 33401		
Enter new mailing address, if applicable:	515 North Flagler Drive		
(Mailing address MAY BE A POST OFFICE BOX)	Suite P-300		
	West Palm Beach, Florida 33401		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new re</u>		
New Registered Office Address:	Enter Florida street address		
	Florida		
	City 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 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
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	05/01/2020		
ective date, if other than reflective date is listed, the date	the date of filing: must be specific and cannot be prior to da	(optional) ate of filing or more than 90 days after filing.) Pursuant	to 605,0207
te: If the date inserted in thi	s block does not meet the applicable	statutory filing requirements, this date will not b	e listed as
cument's effective date on the	e Department of State's records.		
ecord specifies a delayed effe is filed.	ctive date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
			
ted May 4	2020		
<i>I</i>			
West on it	Sallouma	d representative of a member	
-1-14	Signature of a member or authorize	d representative of a member	
Roland S. Salloum			
- June 9. Junealli	Typed or printed no	ame of cianos	

Filing Fee: \$25.00