Division of Corporations

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(((11190002808213)))



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Division of Corporations

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Fax Number

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARKETING COACH LLC

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# 2019-09-19 14:11 48 (GMT) (H19 000 280 8213)

### **COVER LETTER**

TO:	Registration Sec Division of Corp			
erin re		NG COACH LLC		
SUBJEC	CI;	Name of Limi	ted Liability Company	
The encl	lased Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		CHRISTIAN J PESTANA		
			Name of Person	
			Firm/Company	<u></u>
		3422 CARUSO PLACE		2019
			Address	(2)
		OVIEDO, FL 32765		<u>.;;</u> 
			City/State and Zip Code	
		AKOYAINFO@GMAIL.C		•
		E-mail address: (	to be used for future annual report not	dication)
For furt	her information c	oncerning this matter, please ca	all:	,
CHRIS	TIAN PESTANA		305 609-6847	
graper con \$4+ 40 .	Name c	of Person		e Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>□</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fcc & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAII	ANG ADDRESS:	STREET/COUR	IER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Page 6 of 8

## 2019-09-19 14 11 48 (GMT) (H190002808213) ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MARKETING COACHLLC		
(Name of the Limited Lis (A Fig.	isility Company as it now appears on our records.) orida Limited Liability Company)	
The Atticles of Organization for this Limited Liabilit		and assigned
This amendment is submitted to amend the following	<b>ζ</b> :	
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 th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		20 9
		ري دي
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2 <u> </u>	ن ﴿ نِهِ اِنَّ اِنَّ اِنَّا اِنَّ الْمَاكِّ الْمَاكِّ الْمَاكِّ الْمَاكِمُ الْمِلْمُ الْمِلْمُ الْمِنْ الْمِنْ الْمِنْ الْمِلْمُ لِلْمِلْمُ الْمِلْمُ لِلْمِلْمُ الْمِلْمُ الْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ الْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ الْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ لِلْمِلْمُ لِلْمُلْمِلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِي
B. If amending the registered agent and/or r	egistered office address on our records, en	ter the name of the n
registered agent and/or the new registered office	adu eşs nere.	
Name of New Registered Agent:		
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 ti 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

Page 1 of 3

Page 7 of 8

2019-09-19 14 11 48 (GMT)

(H190002808213)

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

Title	<u>Name</u>	Address	Type of Action
MGR	CHRISTIAN J PESTANA	3422 CARUSO PLACE OVIEDO, FL 32765	₽ Add
			Remove
			Change
MGR	KATHERINE G RODRIGUEZ		Add
		3422 CARUSO PLACE OVIEDO, FL 32765	E Remove
			☐ Change
AMBR	KATHERINE G RODRIGUEZ	3422 CARUSO PLACE OVIEDO, FL 32765	<b>————————————————————————————————————</b>
			■ Midd
			Change
			Remove
			Change
		)	
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			☐ Remove
			☐ Change

age 8 of 8	2019-09-19 1 1 1-119 0 <i>0</i> 02 280 1	14 11 48 (GMT) み2/づ)	18884530509
). If amend	(1419000280) ing any other information, enter change(s) be	re: (Attach additional sheets,	if necessary.)
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			• • • • • • • • • • • • • • • • • • •
	06/26/20	19	
E. Effective	. data if athorn than the date of filings		(optional)
(1565	the data is listed, the data paget he specific and cannot be mi	ior to date of filing or more than 90 da	nys after filing.) Pursuant to 60.
Note: If	the date inserted in this block does not meet the app t's effective date on the Department of State's record	ds.	ints, thus date with new be the
aocumei	is checure date of the Department of their answer		
			2.01 a m. on the earli
If the reco	rd specifies a delayed effective date, but i Oth day after the record is filed.	not an enective time, at 12	c.vr g.in. on the earn
(b) The S	oth day after the record is filed.		
c	PTEMBER 16 2019		
Dated _	EPTEMBER 16 2019	<del></del>	
	7. A		
	( )(( )		
	Signature of a member or as	ithorized representative of a member	
	*** *** ****** * * 1   1212121712		
	CHRISTIAN J PESTANA	inted name of signee	

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Filing Fee: \$25.00