## L19000195239

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone	# <u></u>
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(Business Entity Nam	ie)
(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Con			
	cker Coaching LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Steven Henriquez		
		Name of Person	
	Steven J Henriquez CP	A LLC	
	<del></del>	Firm/Company	<u> </u>
	5825 Sunset Dr 201		
		Address	
	Miami FL 33143		
		City/State and Zip Code	<del></del>
	info@sjh-cpa.com	to be used for future annual report no	(iti
For further information of	concerning this matter, please c	·	meanon
Steven Henriquez		305 423-6399	
Name c	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co The Centre of	-
P.O. Box 632 Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheryl Tucker Coaching LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	lompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L19000195239	pany were filed on $\frac{07/31/201}{}$	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Life's A Stage. LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	1 address
		, Florida
	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			DAdd
			□Remove
			☐ Change
			□Add
		□Remove	
			□ Change
		□Add	
		L]Remove	
			□Add
		<del>.</del>	□Remove
			∐Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del>	
	<u> </u>
_	
_	
Note: I	re date, if other than the date of filing:
the record cord is file	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 d.
Dated _	December 17 , 2019 .
	Signature of a member or authorized representative of a member
	Sheryl Tucker
	Typed or printed name of signee