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COVER LETTER

	egistration Sec ivision of Corp				
CHDIECT		inancial Coaching, LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
		mendment and fee(s) are sub	•		
		Sheryl Tucker			
		,	Name of Person		
			Firm/Company		
		21528 SW 89th Place			
			Address		
		Cutler Bay, FL 33189			
		beincontrol100@gmail.com	City/State and Zip Code		
			to be used for future annual	report notification)
For further	information co	ncerning this matter, please ca	all;		
Sheryl Tuo	ker			2-9937	
	Name of	Person	at () Area Code	Daytime Telep	hone Number
Enclosed is	s 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 enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>N</u>	lailing Address	L.	Street A	ddress:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFE STAGES FINANCIAL COACHING, LLC

FILED

_, Florida 33189 _____

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 DEC 27 AH 8: 13 The Articles of Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on Organization for this Company were filed on Organization for this Company were filed on Organization for this Company we Florida document number ______L19000195239 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Life Stages, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Sheryl Tucker Name of New Registered Agent: 21528 SW 89th PL New Registered Office Address: Enter Florida street address

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.

Cutler Bay

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>	Name	Address	Type of Action
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			□Remove
			Change
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ote:	we date, if other than the date of filing:
recore Lis fil	d 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 ed.
ated	December 18th 2024
	$[\begin{array}{cccccccccccccccccccccccccccccccccccc$
	Signature of a member or authorized representative of a member