## L19000217471

(Ke	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_	_	
☐ PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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11.722,723 -01015--024 - 4•25.00

· 2/10/2023

## **COVER LETTER**

TO: Registration S Division of Co			٠
	ATTONE COACH DEVELOPE	EMNT SYSTEMS, LLC	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	of Amendment and Ice(s) are sub	omitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	LAURYN CHARLES		
		Name of Person	<del></del>
	ACCOUNTABLE FINAN	CIAL SERVICES GROUP, INC	
		Firm Company	
	461 E HILLSBORO BLV	D SUITE 200	
		Address	
	DEERFIELD BEACH, FL	. 33441	
	<del></del>	City/State and Zip Code	
	ANNUALREPORTS@AF		
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please e	əll:	
LAURYN CHARLES		954 933-1558	
Name	of Person		e 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Sec	ction
	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JOHN MATTONE COACH DEVELOPEMNT SYSTEMS, LLC

2022 NOV 22 AM 7: 24

(Name of the Lin	ited Liability Company as it now ap (A Florida Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited Florida document number L19000217471		TAIT I I WAL DIATE
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	v here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on ou ess here:	r records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	GAYLE A MATTONE	
New Registered Office Address:	7344 BELLA FORESTA PLA	
	Enter	Florida street address
	SANFORD	, Florida 32771
New Registered Agant's Signature if should	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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	JOHN MATTONE	1668 CHERY RIDGE DR	CAdd
		LAKE MARY, FL 32746	■Remove
MGMR	JOHNMATTONEPARTNERS INC	7344 BELLA FORESTA PLACE	<b>=</b> Add
		SANFORD, FL 32771	LIRemove
			□ Change
			🗀 Add
			∐Remove
			□Change
			⊡Add
			□Remove
			Change
			DAdd
			🖂 Remove
			GChange
			□Add
			☐ Remove

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i <b>ffect</b> fan ef	tive date, if other than the date of filing:  [11/16/2022]  [fective 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 (  [If the date inserted in this block does not make the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
locun	
reco	rd 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 led.
recon	NOVEMBER 16 . 2022
recon	NOVEMBER 16 2022
aocan	NOVEMBER 16 . 2022

Filing Fee: \$25.00