

1190000220941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

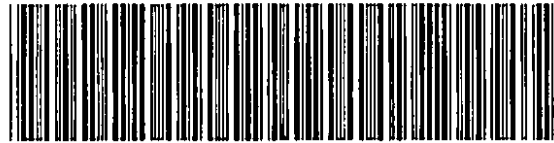
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

60789, 00623, 00671

Check box for Authorized
Person

Office Use Only



200395484562

10/17/22--01018--002 \$425.00

2023 MAR 29 PM 3:17

2023 MAR 29

APR 3 - 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZOE GLOBAL COACHING & CONSULTING, L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHIRLEY PULLINS

Name of Person

Zoe Global Coaching & Consulting

Firm/Company

1391 N.W. St Lucia W Blvd # 390

Address

6605 PALOMAR PKWY FORT PIERCE FL. 34951

City/State and Zip Code

zoeglobalcc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRLEY PULLINS

772

3320510

at ()

Name of Person

Area Code

Daytime 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)

Mailing Address:

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

Street Address:

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

RECEIVED
FEB 21 2003

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ZOE GLOBAL COACHING & CONSULTING, L.L.C.

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

2023 MAR 29 PM 3:17

The Articles of Organization for this Limited Liability Company were filed on 10/01/2022 and assigned
Florida document number L19000220941

This amendment is submitted to amend the following:

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 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:

Name of New Registered Agent:

Shirley Pullins

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.

Shirley Pullins
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

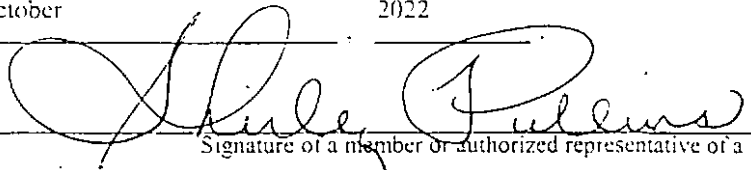
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|----------------------------|---|
| MGR | SHIRLEY A PULLINS | 6605 PALOMAR PKWY | <input checked="" type="checkbox"/> Add |
| | | FORT PIERCE FL 34951 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DEBORAH D PULLINS | 2615 WEDGEWOOD PLAZA DRIVE | <input checked="" type="checkbox"/> Add |
| | | REVIRIA BEACH FL 33404 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/13/2022 (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 13th of October, 2022



Signature of a member or authorized representative of a member

Shirley Pullins

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2023

SHIRLEY PULLINS
1391 N.W. ST LUCIE W BLVD #390
FORT PIERCE, FL 34951

SUBJECT: ZOE GLOBAL COACHING & CONSULTING, L.L.C.
Ref. Number: L19000220941

We have received your document for ZOE GLOBAL COACHING & CONSULTING, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

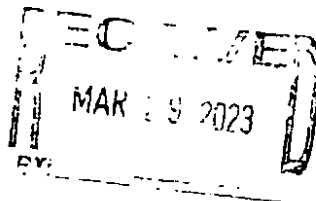
YOU DID NOT CHECK A BOX FOR YOUR AUTHORIZE PERSONS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 323A00004425





FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2023

SHIRLEY PULLINS
6605 PALOMAR PKWY
FORT PIERCE, FL 34951

SUBJECT: ZOE GLOBAL COACHING & CONSULTING, L.L.C.
Ref. Number: L19000220941

We have received your document for ZOE GLOBAL COACHING & CONSULTING, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 223A00000595