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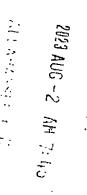
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COVER LETTER

TO:

Registration Section., Division of Corporations

Tallahassee, FL 32314

Self Talks V	Vith Me, LLC		· 		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Kiana Jordan				
	Name of Person				
	Self Talks With Me, LLC				
		Firm/Company			
	913 Beal Parkway NW, Su	ite A-1003			
		Address			
	Fort Walton Beach, FL 32:	547			
		City/State and Zip Code			
	Hello@kianajordan.com		···		
		to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
Kiana Jordan		850 865-4776			
Name of Person		at () Area Code Daytime	· Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration 9		Street Address: Registration Sec	ction		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG -2 AH 7:45 Self Talks With Me, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 9, 2019 and assigned Florida document number 1.19000299404 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Connection Centered Coaching, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: 913 Beal Parkway NW, Suite A-1003 New Registered Office 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.

Cirv

Fort Walton Beach

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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Filing Fee: \$25.00