L20000023334

(R	equestor's Name)	
(A	ddress)	
	ddress)	
(^	uuress)	
(C	ity/State/Zip/Phone #	f)
PiCK-UP	☐ WAIT	MAIL
		,
(8	usiness Entity Name	?)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
·		
_		-
Special Instructions to	Filing Officer:	
		i
1		

Office Use Only



700400171247

01/17/23--01012--012 **25.60

3/21/23 Vini. 2023 JAN 17 PM 3: 59

FILED

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	ESSENTIALS LLC			
Name of Limited 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:		
	ASHLEY LOPEZ			
		Name of Person		
		Firm/Company		
	1839 SW 38TH LN			
		Address		
	CAPE CORAL, Fl. 33914	City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
ASHLEY LOPEZ		847 338-8405 at ()		
Name o	f Person	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 S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations	
		Tallahassee, FL	32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURE GLOW ESSENTIALS LLC		
(Name of the Limited Liab (A Flor	pility Company as it now appears on our records ida Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 01/16/2020	and assigned
Florida document number L20000023334		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	2023 C
ASHLEY LOPEZ COACHING LLC		A -
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		ASK P M
<u>(Principal office address MUST BE A STREET ADI</u>	DRESS)	7160 3
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, <u>enter t</u>	the name of the new registered
agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			\ \ \ \
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			Change

···	
	•
	
Note: If the date inserted in the	the date of filing: (optional) e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
he record specifies a delayed eff ord is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5:00 PM
Johly	Signature of a promber or authorized representative of a member
(U ASHLEY LOPEZ	
	Typed or printed name of signee

Filing Fee: \$25.00