

120 000026185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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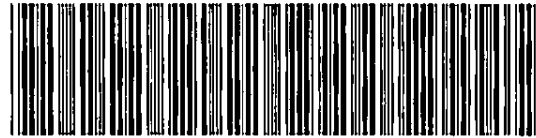
(Business Entity Name)

(Document Number)

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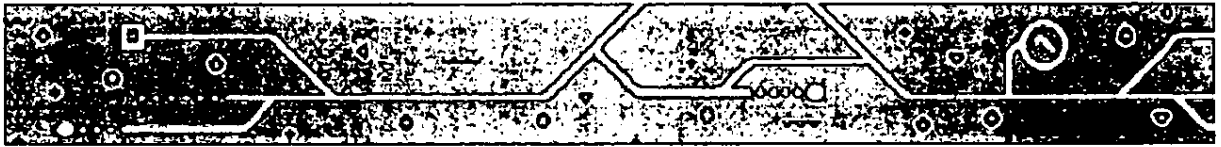
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2021 OCT 15 AM 11:15  
FALLS CHURCH, VA

2021 OCT 15 AM 11:15

2021 OCT 15

PRICE  
OCT 31 2021



# zenbusiness

Oct 14, 2021

Florida Secretary of State  
Division of Corporations  
2415 N Monroe St Suite 810  
Tallahassee, FL 32303

RE: Life Coaching by Isabel Springer LLC

FILED  
2021 OCT 15 AM 11:15  
TALLAHASSEE, FL

To Whom It May Concern:

Attached please find the executed CERTIFICATE OF AMENDMENT for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

**ZenBusiness Inc**  
**Attention: Kelly Castro**  
5511 Parkercrest Dr., Suite 103  
Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at [fulfillment@zenbusiness.com](mailto:fulfillment@zenbusiness.com).

Thank you.

Kelly Castro

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

Life Coaching by Isabel Springer 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 01/21/2020 and assigned Florida document number 120000026185.

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)**

12850 W State Road 84

Lot 9-24

Davie, FL 33325

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

12850 W State Road 84

Lot 9-24

Davie, FL 33325

**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:

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.*

**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>
AMBR	Isabel Springer	12850 W State Road 84	<input type="checkbox"/> Add
		Lot 9-24	<input type="checkbox"/> Remove
		Davie, FL 33325	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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2021 Dec 13 11:19  
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10

20210615 17:11:10  
Cell 4: 11

**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.

Dated October 14, 2021

Is/ Isabel Springer  
Signature of a member or authorized representative of a member

Isabel Springer

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Typed or printed name of signee

**Filing Fee: \$25.00**