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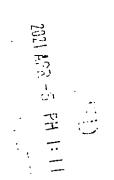
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor			
H&P Coact	ning, LLC	•	
SUBJECT:	-	•	
	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:	
	Pierre Azzam		
		Name of Person	
		Firm/Company	
	255 Evernia Street #1519		
	West Palm Beach, FL 3340	Address	
	info@coachingfordocs.com	City/State and Zip Code	
		to be used for future annual report not	ification)
	oncerning this matter, please co		
Pierre Azzam		617 768-7498	
Name o	f Person	at () Area Code Daytin	ne 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		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Cor	
P.O. Box 632		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&P Coaching, LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number 1.20000087342	ompany were filed on 3/23/2020	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Coaching for Docs, LLC		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	name of the new regis
Name of New Registered Agent:		, (ic.
New Registered Office Address:		2 3 5
	Enter Fiorida street address	
·	Florida	
	Cin	Zin 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Remove
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ffective date, if other than the	3/30/	2021		(optional)	
an effective date is listed, the date mu Sote: If the date inserted in this b locument's effective date on the D	st be specific and cannot be lock does not meet the	applicable statu	filing or more than 9 itory filing require	days after filing.) Pursi	uant to 605.0207 (not be listed as th
record specifies a delayed effection is filed.	ve date, but not an effec	ctive time, at 12	2:01 a.m. on the ea	lier of: (b) The 90th	n day after the
March 30	2021				
Dated		·			
	-2				
	Signature of a member of	or authorized rep	resentative of a mem	ber	<u>_</u>