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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer.	

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COVER LETTER

TO: Registration S Division of Co				
	RS CIRCLE LIFE COACHING	LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Lyndria Wynn			
		Name of Person		
	N/A			
		Firm/Company		
	12230 W Sample Road			
		Address		
	Coral Springs, FL 33065			
		City/State and Zip Code		
	white.lyndria@gmail.com			
	E-mail address: (to be used for future annual report i	notification)	
For further information	concerning this matter, please c	all:		
Lyndria Wynn		352 672-1244		
Name	of Person		time Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	S30.00 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)	
<u>Mailing Addr</u> Registration		Street Address Registration		
Division of Corporations		Division of C	Corporations	
P.O. Box 63			of Tallahassee	
Tallahassee,	ГL 32314	2415 IN. MOI	rroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WYNNERS CIRCLE LIFE COACHING LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000107201</u> .	were filed on 06/08/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Actualized LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12230 W Sample Road
(Principal office address MUST BE A STREET ADDRESS)	Coral Springs, FL 33065
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	C.,
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
			□Add
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			□Change

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an effective date is listed, the date must be specific and cannot be prior of: If the date inserted in this block does not meet the appli	or to date of filing or more than 90 days after filing.) Pursuant to 605.020 icable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records	s.
ecord specifies a delayed effective date, but not an effective t is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ated April 29th 2024	
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Signature of a trambar or must	horized representative of a member
Signature of automorphic of auto-	nonzed representative or a memori