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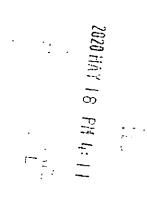
(Requ	iestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Special Instructions to Fil	ling Officer:	

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COVER LETTER

TO: Registration Division of C	Section Corporations	,	•
	nance Coaching LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Jeffrey T. Shafer		
		Name of Person	
	XYZ Finance Coaching Ll	LC	
		Firm/Company	
	6098 Waterway Bay Dr		
		Address	illing. wing: e of Person //Company ddress e and Zip Code or future annual report notification) 239 285-3485 Area Code Daytime Telephone Number 00 Filing Fee & Certificate of Status & Cert
	Fort Myers FL 33908		
	Address		
		to be used for future annual report no	titication)
For further information	n concerning this matter, please c		
Jeffrey T. Shafer	Ç .		185
Nan	ne of Person .		me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
P.O. Box 6	n Section f Corporations	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810

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

2020 HAY TO DUTE TO

XYZ Finance Coaching LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
	05/01/2020	· !
The Articles of Organization for this Limited Liability Com	ipany were filed on 03/01/2020	and assigned
Florida document number L20000118086		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" c	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	ffice address on our records, enter th	e name of the new reg
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Naur Pagistared ()ttice Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		ida

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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>	2020 HAY 18 PH 4: 11	Type of Action
MGR	Jeffrey T. Shafer	6098 Waterway Bay Dr	= A d d
		Fort Myers, FL 33908	□Remove
			□Change
AMBR	Jennifer M. Shafer	6098 Waterway Bay Dr	🖹 Add
		Fort Myers, FL 33908	□Remove
		·	□Change
			🗆 Add
			□Remove
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		<u>. </u>	□Remove
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Effective date, if other than the fan effective date is listed, the date mented in this locument's effective date on the	block does not meet tl	he applicable statu	filing or more than story filing require	(optional) 90 days after filing.) ements, this date w	Pursuant to 605.0207 (vill not be listed as t
record specifies a delayed effect d is filed.	ive date, but not an ef	fective time, at 12	:01 a.m. on the ea	arlier of: (b) The	90th day after the
Dated May 13		20 .			
	7/				
: / ///	Signature of a member				

Filing Fee: \$25.00