L20000144179

| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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| | Registration Se Division of Cor | | • | • |
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| SUBJEC" | | Coaching LLC Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please reti | urn all correspo | ndence concerning this matter | to the following: | |
| | | Linda Hubert | | |
| | | | Name of Person | |
| | | Income Tax & More | | |
| | | | Firm/Company | |
| | | 2800 Aurora Rd Suite C | | |
| | | | Address | |
| | | Melbourne, FL 32935 | | |
| | | | City/State and Zip Code | |
| | | Joe@daniellebusiness.com | o be used for future annual report notific | ration) |
| For furthe | r information co | oncerning this matter, please ea | | , |
| Linda Hu | bert | | 321 751-2400 | |
| | Name of | Person | at () | Telephone Number |
| Enclosed i | is a check for th | e following amount: | | |
| € \$25.0 | 0 Filing Fee | i 1 \$30.00 Filing Fee & Certificate of Status | 11 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | !_! S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | <u>Tailing Address</u> Registration S | | Street Address: Registration Sect | ion |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 27 AM 8: 40

LifeUnloc Coaching LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | (A Florida Limited I | hability Company) | , | | |
|---|---------------------------------------|--|---|-------------------|----------|
| The Articles of Organization for this Limited L. Florida document number L20000144179 | iability Company | were filed on 05/27/2020 |) | and assigne | ed |
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | | | |
| Unloc Visionary Leadership LLC | | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | ity Company," the designatio | n "LLC" or the abbro | eviation "L.E.C." | |
| Enter new principal offices address, if applic | able: | 2700 N Highway A1A | Unit 10-201 | | |
| (Principal office address MUST BE A STREE | | Indialantic, FL 32903 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or ragent and/or the new registered office address | egistered office a | ddress on our records. | enter the name (| of the new reg | gistered |
| agent with the new registered (three address | is tiere. | | | | |
| Name of New Registered Agent: | Income Tax & ? | More | | | |
| New Registered Office Address: | 2800 Aurora Re | Suite C | | | |
| | | Enter Florida street | address | | |
| | Melbourne | Chy | , Florida ³²⁹³ : | 5 Zip Code | |
| New Registered Agent's Signature, if changing B | legistered Agent: | | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the prope | d agent and agre er and complete : | ve to act in this capacity verformance of my dia | c. I further agree ies, and I am tan | to comply w | ith the |

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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
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| I an effective date is listed, the C | this block does not meet the applicable statutory filing | requirements, this date will not be listed as the |
| Note: If the date inserted in Josephent's effective date or | the Department of State's records. | , I. |
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| | ffective date, but not an effective time, at 12:01 a.m. o | n the earlier of: (b) The 90th day after the |
| d is filed. | | |
| | | |
| October 20. | 2023 | |
| Dated | · · · · · · · · · · · · · · · · · · · | |
| | 05 11 10 | |
| Don't | Signature of a member for authorized representative | of a mambar |
| | Signature of a/member/or authorized representative | of a member |
| , | | |
| Linda Hubert /A | uthorized Representative | |
| | Typed or printed name of signee | |

Filing Fee: \$25.00