L20000157858

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	ner Performance Consulting, LI Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Eric Biener	
		Name of Person
	Coach Biener Performance	: Consulting, LLC
		Firm/Company
	2009 Maplewood Drive	
		Address
	Coral Springs, FL 33071	
		City/State and Zip Code
	coachbiener@gmail.com	
		to be used for future annual report notification)
For further information c	oncerning this matter, please c	
Eric Biener		954 326-0188 at ()
Name o	f Person	at () Area Code Daytime Telephone Number 27
Enclosed is a check for th	ne following amount:	en.
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & □ Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u>		Street Address:
Registration S		Registration Section
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000157858</u> .	were filed on 6/4/2020	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:	
Have What's Needed Performance Consulting, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	——————————————————————————————————————	4
Enter new mailing address, if applicable:		2,021
(Mailing address MAY BE A POST OFFICE BOX)		20
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florilla street addre	rss
	, F	lorida
-	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Coach Biener Performance Consulting, LLC

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>	Address	Type of Action
			□Add
			□Remove
		/ / /(□Change
			□Add
			□Remove
			Change
		MA	Remove
		——————————————————————————————————————	□Ādd □ Rēmove
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		<u> </u>	□Add
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			Change

Page 2 of 3

The 90th day after the record is filed.				
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Signature of a member or authorized representative of a member	21 October	, 2024		
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