

L200000181854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

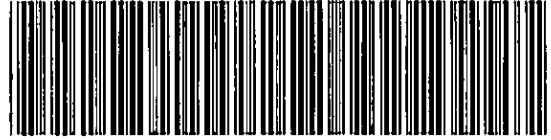
(Business Entity Name)

(Document Number)

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2021 FEB 11 AM 10:40
STATE

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FEB 17 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2021

KAREN PALM
7920 CITRUS GARDEN DR
APT 209
TAMPA, FL 33625

SUBJECT: FITNESS MARRIAGE COACHING LLC
Ref. Number: L20000181854

We have received your document for FITNESS MARRIAGE COACHING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 721A00001962

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fitness Marriage Coaching
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen L. Palm
Name of Person

Fitness Marriage Coaching
Firm/Company

7920 Citrus Garden Drive Apt. 209
Address

Tampa, Florida 33625
City/State and Zip Code

Couture.mom@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen L. Palm at (078) 205-7824
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

*Already Paid
\$35.00 with
previous Application*

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

** Please credit \$5.00 to my acct.*

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

FILED

2021 FEB 11 AM 10:40

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

The Articles of Organization for this Limited Liability Company were filed on June 29, 2020 and assigned Florida document number L20000181854

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip 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 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

2021 FEB 11 AM 10:40

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Josh A. Palm</u>	<u>7920 Citrus Garden Dr.</u>	<input type="checkbox"/> Add
		<u>Apt. 209</u>	<input checked="" type="checkbox"/> Remove
		<u>Tampa, FL 33625</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>Jordan A. Palm</u>	<u>240 E. Belle Isle Rd</u>	<input type="checkbox"/> Add
		<u>Unit 619</u>	<input checked="" type="checkbox"/> Remove
		<u>ATL, GA 30342</u>	<input type="checkbox"/> Change
<u>MBR</u>	<u>Karen L. Palm</u>	<u>7920 Citrus Garden Dr.</u>	<input type="checkbox"/> Add
		<u>Apt. 209</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33625</u>	<input checked="" type="checkbox"/> Change
<u>MBR</u>	<u>Karen L. Palm</u>	<u>7920 Citrus Garden Dr.</u>	<input type="checkbox"/> Add
		<u>Apt. 209</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33625</u>	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

