To: Page 2 of 6

9/17/2020

Division of Corporations



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Division of Corporations Fax Number : (850)617-6383

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<u>)</u>	/ PH 4: 50		LLC AMND/RESTATE/CORRECT CORINNE WYARD COAC		2020 SEP	Т
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COVER LETTER

TO: **Registration Section Division of Corporations**

CORINNE WYARD COACHING LLC SUBJECT: 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: Cheyenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th FI Address Glendale, CA 91203 City/State and Zip Code mewyard@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 773-0888 800 Cheyenne Moscley at (Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$30.00 Filing Fee & D \$25.00 Filling Fee Certificate of Status & Certificate of Status Centified Copy Certified Copy

> MAILING ADDRESS: Registration Section **Division of Corporations** P.O. Box 6327 Taflabassee, FL 32514

STREET/COURIER ADDRESS:

(additional copy is enclosed)

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORINNE WYARD COACHING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny ity it now appears on our records.) Jability Company))
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		E 2020 SEP
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	P I7
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" (or the abbreviation =C."
Enter new principal offices address, if applicable:	3342 SE 17th Ave	D e D
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, FL 33904	20
Enter new mailing address, if applicable:	3342 SE 17th Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Cape Coral, FL 33904	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here <u>Name of New Registered Agent</u> : <u>New Registered Office Address</u> :		enter the name of the new
	, Flor	ida

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 dutics, 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MCR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Mary Corinne Wyard	3342 SE 17th Ave	D Add
	······································	Cape Coral, FL 33904	
			C Remove
			E Change
			O Add
			🖸 Add
			Change
			🖸 Add
			🗌 Remove
			Change
			Q Add
			C Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 1, 2020. Mary Councilly Signature of a member or authorized representative of a member

Mary Corinne Wyard

Typed or printed name of signee

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Filing Fee: \$25.00