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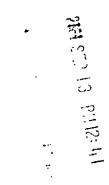
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Shape your Destiny Health Coaching LLC 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:
Richard Randall Name of Person
Shape your Destruy Health Coaching LLC
15549 Cortez Blud.
Brooksville, 7L 34613  City/State and Zip Code  Fleevie 2000 D VA 600 (2011)  E-nual address: (to be used for future funual report notification)
For further information concerning this matter, please call:
Richard Roadall at (352) 345 2575  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
*\$\\$25.00 \text{ Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \Boxed{\Boxesia} \\$ \$\$55.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \Boxed{\Boxesia} \\$ \$\$60.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)} \Boxed{\Boxesia} \\$ \$\$\$ \$\$Certified Copy (additional copy is enclosed)
Mailing Address:  Street Address:  Pagistration Spation  Pagistration Spation

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shape your Destiny Health Coaching LLC
NAPE Gour Destiny Health 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 onand assigned
Florida document number <u>L 20000 332 726</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Shape Your Deshoy LLC  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."
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 7 ##4 1 • 1
Enter new mailing address, if applicable:
·
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
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:
New Registered Office Address:
Enter Florida street address
Clarida

## 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 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
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			□Remove
			□Change
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Filing Fee: \$25.00