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## **COVER LETTER**

TO:

TO: Registration S Division of Co			j	
TURNING SUBJECT:	POINT TRAINING LLC			
SUBJECT.	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:		
	MICHELLE AMATO			
		Name of Person	<del></del>	
	TURNING POINT TRAIN	NING LLC		
	<del></del>	Firm/Company		
	8168 SPEARFISH AVEN	UE		
		Address		
	ORLANDO FLORIDA 32	822		
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , , ,	
	CHELLE@TPT.LIVE			
For further information c	E-mail address: ( concerning this matter, please co	to be used for future annual report not all:	ification)	
MICHELLE AMATO	<b>3</b>	407 451-0684		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he 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)	
Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, 1		The Centre of 7		
i untanassee, i	1 L J4J1T	∠413 IN. MONFO	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURNING POINT TRAINING 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 NOVEMBER 03, 202 0 and assigned Florida document number L20000348609 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TURNING POINT WELLNESS COACHING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Muiling 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 agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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

, Florida \_\_

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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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be p  Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's record	rior to date of filing o	(opti r more than 90 days afte ling requirements, thi	onal) r filing.) Pursu s date will n	iant to 60 ot be lis	5.0207 ted as
e record specifies a delayed effective date, but not an effectiv rd is filed.	e time, at 12:01 a.r	m, on the carlier of: (b	) The 90th	day afte	er the
Dated JULY 07 , 2021	·				
MI in Mant					
Signature of a member or as	41				

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Filing Fee: \$25.00