

KZO 000 359067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

S.C.

06/29/21



600366891846

05/27/21--01024--021 **40.00

2021 MAY 27 A 11:20

0117N

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Navigating Your Path, 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:

Joyel M Glaze Loiz
Name of Person

Navigating Your Path, LLC
Firm/Company

535 26th St
Address

West Palm Beach, FL 33402
City/State and Zip Code

Navigationyourpath@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyel M Glaze Loiz at 561 906-9683
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)

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

2011 MAY 27 AM 11:11

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Navigating your Path, 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 11/12/2020 and assigned Florida document number L 2000359067.

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)

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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Joyel M Glaze loiz	535 26th Street.	<input checked="" type="checkbox"/> Add
		West Palm Beach FL	<input type="checkbox"/> Remove
		33407	<input type="checkbox"/> Change
MGR	Syleana P Mann.	713 Clearview Drive	<input type="checkbox"/> Add
		Bel Air, MD 2015 UN.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lee L Glaze Jr	8634 Green Cay	<input type="checkbox"/> Add
		West Palm Beach FL 33411	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 MAY 27 A 11:20

OVER

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

Add Email: Navigatingyourpath@gmail.com
Remove Email: Navigatingyourpath@yahoo.com

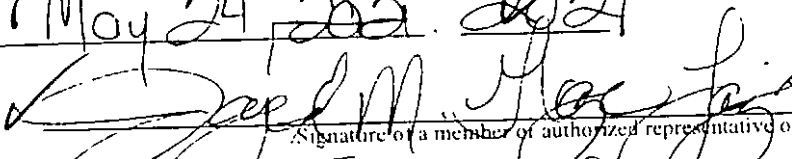
Add EIN # 86-1818747

021 MAY 27 AM 11:34

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 May 24, 2022


Signature of a member of authorized representative of a member

Joyel M. Glaze Loiz
Typed or printed name of signee