(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
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(Document Number)		
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COVER LETTER

Div	vision of Corpo	orations			
SUBJECT:		Coaching, LLC			
SUBJECT.	·	Name of Limit	ed Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	ı all correspon	dence concerning this matter to	o the following:		
		Trina Hayes			
			Name of Person		
		TL DesignWork LLC			
			Firm/Company	-	
	13860 Wellington Trace Suite 38-149				
		·	Address		
		Wellington, FL 33414			
			City/State and Zip Code		-
		tldesignwork@gmail.com			
		E-mail address: (to	be used for future annual re	eport notification)	
For further i	nformation cor	ncerning this matter, please cal	N:		
Trina Hayes	;		305 298- at ()	-5079	
	Name of I	Person	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the	following amount:			
□ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

and the second

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trina Hayes Coaching, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Tability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 11-23-2020	and assigned
orida document number L20000369311		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
L DesignWork, LLC		
ie new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		202
rincipal office address MUST BE A STREET ADDRESS)		33 KAR 1
	<u></u> ,	7 7
		554 O !
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)	 -	7.65 9: (
mining matrices in 11 102 11 1031 011 102 1001,		2 2
		<u> </u>
If amending the registered agent and/or registered office a	address on our records, <u>enter th</u>	e name of the new regist
ent and/or the new registered office address bere:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida
	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

<u>Title</u>	Name	Address	Type of Action
			□Add
-			□Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date mulate: If the date inserted in this bocument's effective date on the E	st be specific and cannot be prior to date of filir lock does not meet the applicable statutor	(optional) ag or more than 90 days after filing.) Pursuant to 605,020' y filing requirements, this date will not be listed as
record specifies a delayed effective in filed.	re date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
March 15	2023	•
	Signature of a member of authorized represe	mtative of a member
	<i>.</i> /	
Trina Hayes		