

L200003842154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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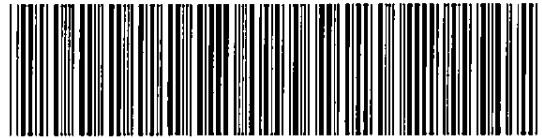
(Business Entity Name)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ASPIRE COUNSELING, LIFE, EDUCATION, CAREER & EXECUTIVE COACHING SOI  
\_\_\_\_\_  
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:

REBECCA E.B. BUCH

\_\_\_\_\_  
Name of Person

ASPIRE COUNSELING, LIFE, EDUCATION, CAREER & EXECUTIVE CO.

\_\_\_\_\_  
Firm/Company

7653 WINDWARD WAY WEST

\_\_\_\_\_  
Address

JACKSONVILLE, FLORIDA 32256

\_\_\_\_\_  
City/State and Zip Code

REBECCABUCH@ASPIREMHC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECCA E.B. BUCH

904 312-3343  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ASPIRE COUNSELING, LIFE, EDUCATION, CAREER & EXECUTIVE COACHING SOLUTIONS AN  
(Name of the Limited Liability Company as it now appears on our records.)  
 (A Florida Limited Liability Company)

**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**

[illegible]

[illegible]

(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)

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.

John R. Buch  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**