## L21 000 107 268

(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:

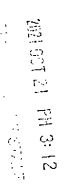
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## COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	PAULETTI	EHINES COACHING & CON	SULTING, LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return	all correspo	ndence concerning this matter	to the following:	
		PAULETTE HINES		
			Name of Person	
		PAULETTE HINES COA	CHING	
			Firm/Company	
		20146 OAKFLOWER AV	E	
			Address	
		TAMPA, FL 33647	are submitted for tiling.  matter to the following:  S  Name of Person  S COACHING  Firm/Company  ER AVE  Address  City/State and Zip Code  nes.com  Iddress: (to be used for future annual report notification)  lease call:  813 380-3283  at (	
			·	
	PAULETTE HINES COACHING  Firm/Com  20146 OAKFLOWER AVE  Addres  TAMPA, FL 33647  City/State and 2 paulette@paulettehines.com			
For further in	nformation co		·	ication)
PAULETTE	HINES			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ S30.00 Filing Fee & Certificate of Status	Certified Copy	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite		<del></del>
(Exame of the Limite)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ibility Company were filed on 3/05/2021	and assigned
Florida document number 1.21000107268	,	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
PAULETTE HINES COACHING, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
		5 5
	gistered office address on our records, enter the	name of the new register
agent and/or the new registered office address	<u>here</u> :	22
		2 7 0
Name of New Registered Agent:		- 1-11 - U
New Registered Office Address:		7 7
	Enter Florida street address	_ <del></del>
	Florid:	
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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E <b>ffecti</b> If an effi	ve date, if other than	the date of fili	ng:	Tto data of filling	(opt	ional)	(n.c. n.c.)
<u>Note:</u>	If the date inserted in the ent's effective date on t	ris block does not	t meet the appli-	cable statutory fil	ing requirements, th	is date will not be I	isted as
record d is file	l specifies a delayed eff ed.	ective date, but no	ot an effective t	ime. at 12:01 a.m	on the earlier of: (I	b) The 90th day a	fter the
Dated (	OCTOBER 15		2021				
		$\overline{\mathcal{D}}$		<u> </u>			
		$I \rightarrow I$	14.				
		Signature 61	a member or auth	orized representati	ve of a member		

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