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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:	Registration Section
	Division of Corporations

MK Creat	ive Coaching and Consultation	, LLC	
SUBJECT:	Name of Lim	ited Liability Company	· · ·
The enclo sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michelle Kais		
		Name of Person	
	MK Creative Coaching at	nd Consultation, LLC	
	3209 South Caroline Driv	Firm/Company re #102	
	Jupiter, FL 33458	Address	
	michellenkais@gmail.com		
		to be used for future annual report notif	ication)
Michelle Kais	concerning this matter, please c	561 247-4221	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Tore 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number <u>L210001212</u>	Liability Company	were filed on 3/15/2021	and assigned	
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	Ü	116		
Michelle Kais, LLC	n me mmeu nav	mty company nere:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if appli	rahla:	5500 Military Trail Ste 22 #108		
(Principal office address MUST BE A STREE		Jupiter, FL 33458		
1			<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5500 Military Trail Ste 22 #108 Jupiter, FL 33458		
R. If amonding the registered agent and/ou	magistaned affice		C.I.	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	address on our records, enter the name	e of the new regist	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	address on our records, enter the name	e 1	
3. If amending the registered agent and/or tgent and/or the new registered office address and the Name of New Registered Agent:	registered office a	address on our records, enter the name	e of the new regist	
Name of New Registered Agent:	ess here:	address on our records, enter the name	e 1	
agent and/or the new registered office addre	N/A	address on our records, enter the name	e 1	
Name of New Registered Agent:	N/A	Enter Florida street address	e 1	
Name of New Registered Agent:	N/A		e 1	

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>	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			□Change
			□Remove
1			□Change
		-	□Add
			□Remove
			□Change
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		6/7/2021			
fective date, if other than to a confective date is listed, the date of the listed in this current's effective date on the	must be specific and s block does not r	f cannot be prior to d neet the applicable	late of filing or more e statutory filing re	(optional) han 90 days after filing. quirements, this date	Pursuant to 605,0207 (will not be listed as t
ccord specifies a delayed effectis filed.	ctive date, but not	an effective time.	at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after the
June 7		2021			
ted	llich	elleka			
	Signature of a	member or authorize	ed representative of a	member	