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(Requestor's Name)

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(City/State/Zip/Phone #)

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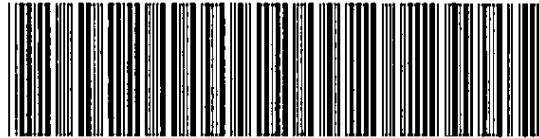
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOS RN LIFE COACHING & CONSULTANTS ,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:

NANCY GARCIA-ARROYO, RN

Name of Person

SOS RN LIFE COACHING & CONSULTANTS LLC

Firm/Company

POST OFFICE BOX 620715

Address

OVIEDO FLORIDA USA 32762-0715

City/State and Zip Code

COACHNANCYRN@YAHOO.COM

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

For further information concerning this matter, please call:

NANCY GARCIA ARROYO, RN

Name of Person

407
at ()

Area Code

402-9418

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

HA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOS RN LIFE COACH LIFE COACH AND CONSULTING 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 MARCH 12 2021 and assigned
Florida document number L21000127011.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOS RN LIFE COACHING AND CONSULTANTS, LLC

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)

2240 BACKWATER COURT

OVIEDO FLORIDA 32766 USA

SEMINOLE COUNTY

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

POST OFFICE BOX 620715

OVIEDO FLORIDA 32762-0715 USA

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:

NANCY GARCIA-ARROYO, RN

New Registered Office Address:

POST OFFICE BOX 620715

Enter Florida street address

OVIEDO

City


Florida

32762-0715

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	NANCY GARCIA-ARROYO, RN	POST OFFICE BOX 6207175	<input checked="" type="checkbox"/> Add
		OVIEDO FL 32762	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NELSON G ARROYO	2240 BACKWATER COURT	<input type="checkbox"/> Add
		OVIEDO FL 32766	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

NA

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

1. CORRECTION OF BUSINESS NAME:

SOS RN LIFE COACH AND CONSULTANTS, LLC

2. REMOVED MAILING ADDRESS SHOWING in GAINSVILLE FL

Replace & Correct Mailing address isi Post office Box 620715, Oviedo FL 32762-0715

3. Physical Address is correct 2240 Backwater Court Oviedo FL 32766

4. Authorized Person authorized to manage: Remove Nelson G Arroyo 2240 Backwater Court Oviedo FL 32766

Replace: Nancy Garcia Arroyo, RN 2240 Backwater Court, Oviedo FL 32766

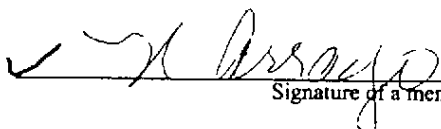
E. Effective date, if other than the date of filing: 03/12/2021 (optional)

(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 JUNE 28, 2021.



Signature of a member or authorized representative of a member

NANCY GARCIA-ARROYO, RN

Typed or printed name of signee

