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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 2 2 2022

COVER LETTER

TO:

Tallahassee, FL 32314

	egistration Sec ivision of Corp		، مع		
	Instinct Coa	eching, LLC		•	
SUBJECT	T:Name of Limited Liability Company				
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	ım all correspo	ndence concerning this matter	to the following:		
		Stacie Carroll			
			Name of Person		
		Instinct Coaching, LLC / I	nstinct Leadership Solutions, LLC		
			Firm/Company		
		3844 Misty Way			
			Address		
	Destin, FL 32541				
			City/State and Zip Code	•	
		stacie.carroll@leadingwithl	cillerinstinct.com to be used for future annual report not	if notion)	
For further	r information co	oncerning this matter, please of	·	meatony	
Sacie Can	roll		440 382-0598 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed i	s a check for th	ne following amount:			
□ \$ 25.00	0 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	1ailing Addres		Street Address:		
	Registration S Division of C		Registration Se Division of Co		
	O. Box 632		The Centre of	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR -8 AM 7: 46 OF

Instinct Coaching, LJ.C

SECRETARY OF STATE TALLAHASSEE, FL

(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 3/23/2021	and assigned
Florida document number L21000137870		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Instinct Leadership Solutions, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	175 Main St. #1791	
(Principal office address MUST BE A STREET ADDRESS)	Destin, FL 32541	
Enter new mailing address, if applicable:	PO Box 1791	
(Mailing address MAY BE A POST OFFICE BOX)	Destin, FL 32540	
The state of the s		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida stre	
"	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	·	·
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capaci e performance of my du provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Sig	nature 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>	Address	Type of Action
			□Add
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			□ Change
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Effective date, if other than th	e date of filing:		(option	al)
f an effective date is listed, the date m Note: If the date inserted in this	ust be specific and cannot be block does not meet the a	e prior to date of filing or applicable statutory fil	more than 90 days after fil	
document's effective date on the	Department of State's re-	cords.		
e record specifies a delayed effect	ive date, but not an effec	tive time, at 12:01 a.n	n, on the earlier of: (b)	The 90th day after the
rd is filed.				
5 April Dated	2022			
Jared		· ·		
JOU'S) (aller	1		
	Signature of a member of	r authorized representati	ve of a member	

Filing Fee: \$25.00