# L21000308599

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## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/16/2021	<u></u>	⇔WALK IN*
FNTITY NAME Mic	helle Coaching Internation	
DOCUMENT NUMBE	E <b>R</b>	
	**PLEASE FILE TH	E ATTACHED AND RETURN**
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts Certificate of Good Sta	
	**APOSTILLE' / N	OTARIAL CERTIFICATION**
COUNTRY OF DESTI	NATION	
NUMBER OF CERTIF	FICATES REQUESTED	
TOTAL OWED \$25.	00	ACCOUNT #: I20160000072
		S 8 7/10
Dona and Time	at the alone of the boundary	any issues or concerns. Thank you so much!

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michelle Coaching International LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L21000308599</u>	oany were filed on 07/06/2021	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable: <i>Principal office address MUST BE A STREET ADDRESS</i>		
i i i i i i i i i i i i i i i i i i i		
Enter new mailing address, if applicable:	66 W Flager St STE 900	
Mailing address MAY BE A POST OFFICE BOX)	#4685	
	Miami, FL 33130	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the r</u>	en en :
Name of New Registered Agent:		- 11
New Registered Office Address:	Enter Florida street address	<u>η Ι΄ ω</u> η #
	, Florida	Zip Code
<del></del>	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, 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
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Remove
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<b>Fective date, if other than the can effective date is listed, the date must ote:</b> If the date inserted in this blo ocument's effective date on the De	be specific and ca ck does not me	innot be prior to et the applicab	date of filing or n le statutory filin	ore than 90 days	( <b>optional)</b> s after filing.) Pu s, this date wil	rsuant to 605.0207 I not be listed as
record specifies a delayed effective is filed.	date, but not ar	n effective time	e, at 12:01 a.m.	on the earlier	of: (b) The 90	Oth day after the
		2021				
nted	•		. •			
	101	Michaella V	OSKINEN zed representative			

Filing Fee: \$25.00