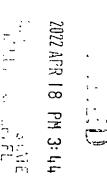
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J- 5/31/2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	STERHOOD MINISTRY LLO		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YANELISS ROBLES		
		Name of Person	*
	LIVING SISTERHOOD N	MINISTRY LLC	
		Firm/Company	
	2615 CROSS KEY LN		
	-	Address	
	AUBURNDALE FL 3382	3	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	YANELISSROBLES@GM		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
YANELISS ROBLES		671 8643109 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Con	
P.O. Box 632	.7	The Centre of	Гallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LIVING SISTERHOOD MINISTRY LLC

2022 APR 18 PH 3: 44

(Name of the Limited Liabil	ity Company as it now appears on our reco a Limited Liability Company)	<u>rds.</u>)	ع :.`TF
(A Florid	la Limited Liability Company)	:ALL.	SSEE, FL
The Articles of Organization for this Limited Liability (Company were filed on JULY 06 2021		_ and assigned
Florida document number L21000309545			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
Coaching With Yany LLC			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LI	LC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:	<u> </u>	_	
(Mailing address MAY BE A POST OFFICE BOX)			
	_	- · - ·	
B. If amending the registered agent and/or registere	ed office address on our records, <u>ente</u>	er the name o	f the new registere
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
	Enter Florida street addi	ress	
		Florida	
	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>	Address	Type of Action
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
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an effe lote:	ive date, if other than the defective date is listed, the date must be If the date inserted in this blochent's effective date on the Dep	e specific and cannot be placed the ap	plicable statutory fi	r more than 90 days afte	ional) er filing.) Pursuant to 6 is date will not be li	05.0207 sted as
l is fil		date, but not an effecti	ve time, at 12:01 a.r.	n. on the earlier of: (b) The 90th day af	ter the
ated	April 03	. 2022	·			
		777				
		gnature of a member or	authorized representat	ive of a member		
		-				

Filing Fee: \$25.00