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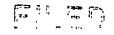
2022 JAN -3 FM 5: 02 SECENTIAN OF FINA

## **COVER LETTER**

Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc	TO: Registration Se Division of Co			
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:  Kelly McCormack  Name of Person  Coherence Mentor LLC  Firm/Company  345 Bayshore Blvd. #807  Address  Tampa. FL 33606  City/State and Zip Code  kmccormack345@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please coll:  Katima Jones  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{\$13}{\$25.00}\$ Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations		Mentor, LLC		
Registration Section   Division of Corporations   Street Address: Registration Section   Division of Corporations   Street Address: Registration Section   Division of Corporations   Name of Person   Name of Person   Coherence Mentor LLC   Firm/Company   345 Bayshore Blvd. #807   Address   Tampa. FL 33606   City/State and Zip Code   Kmccormack345@gmail.com   E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   S13	SUBJECT:	Name of Lin	nited Liability Company	<del></del>
Kelly McCormack  Name of Person  Coherence Mentor LLC  Firm/Company  345 Bayshore Blvd. #807  Address  Tampa. FL 33606  City/State and Zip Code kmccormack345@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Katima Jones  813 225-1040  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailling Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations	The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Coherence Mentor LLC  Firm/Company  345 Bayshore Blvd. #807  Address  Tampa. FL 33606  City/State and Zip Code kmccormack345@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Katima Jones  813 225-1040  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  Eschosed is a check for the following amount:  S25.00 Filing Fee Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations	Please return all correspond	ondence concerning this matter	to the following:	
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Firm/Company  345 Bayshore Blvd. #807  Address  Tampa. FL 33606  City/State and Zip Code kmccormack345@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Katirna Jones  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations			Name of Person	
Address  Tampa. FL 33606  City/State and Zip Code kmccormack345@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Katima Jones  813 225-1040  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{12}\$\$\$\$ \$25.00\$\$ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)    \frac{1}{12}\$		Coherence Mentor LLC		
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S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	Name o	of Person		e Telephone Number
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations	Enclosed is a check for t	he following amount:		
Registration Section Registration Section Division of Corporations Division of Corporations	■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of Corporations Division of Corporations				ction
D () Dov 6227	Division of C	Corporations	Division of Cor	porations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	P.O. Box 632 Tallahassee			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Manifesting Fun LLC

2022 JAN -3 PM 5: 02

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our ed Liability Company)	records ODE TONY OF BUNKE
The Articles of Organization for this Limited Liability Compa	my were filed on 12/9/21	and assigned
Florida document number L21000520749		
-lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Coherence Mentor, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:	ice address on our records.	enter the name of the new register
New Registered Office Address:		
	Enter Florida stret	a adaress
	City	, Florida
		Σφ Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my du as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
īr	Changing 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 = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□Remove

□ Change

\_\_\_\_\_ 🗆 Remove

\_\_\_\_\_ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:  [fective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco	ord 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 filed.
Dated	12-22-2    AMC (example)  Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00