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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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		<u> </u>
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	-iling Officer:	

Office Use Only



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2023 OCT 10 K1111: 33

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
SUBJECT: Conure Con	· eching LLC		·
SUBJECT: Condite Co.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brianna Chernick		
		Name of Person	
		Firm/Company	
	113 South Monroe St #274		
		Address	
	Tallahassee, FL 32301	0: 10: 17: 0 1	
	briannachernick@yahoo.co	City/State and Zip Code	
	•	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Brianna Chernick		at (863 ) 257-9950	
Name o	f Person	Area Code Daytiπ	æ 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:	oction
Registration S  Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of	l'allahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

Conure Coaching LLC

2023 CCT 10 ATTH: 33

(A Florida Lim	ited Liability Company)	i <u>.</u>
The Articles of Organization for this Limited Liability Comp.	pany were filed on February 4, 2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Brianna Leigh Chemick, LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE <u>A STREET ADDRESS</u>		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:  Name of New Registered Agent:	ence address on our records, ence the in	anc or the new registe
Nau Pavietored Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
hereby accept the appointment as registered agent and rovisions of all statutes relative to the proper and comp ccept the obligations of my position as registered agent eing filed to merely reflect a change in the registered of ompany has been notified in writing of this change.	plete performance of my duties, and I as as provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is
ार	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>	Address	Type of Action
			□Add
		<u>.                                    </u>	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change

## Page 2 of 3

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	October 5 , 2023 .
Dated	
Dated	$\mathcal{R} = \mathcal{L} \wedge \mathcal{L} \wedge \mathcal{L} \wedge \mathcal{L}$
Dated	Signature of a member or authorized representative of a member

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