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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty-Otatio/Elph World II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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TO: Registration S Division of Co					
Silver Lin	ing Coach, LLC				
3000EC1.	Name of Li	mited Liability Company			
The sealer that the					
	f Amendment and fee(s) are su	-			
riesse return an corresp	ondence concerning this matte	r to the following:			
	Dr. Ellen Ramsey				
	-	Name of Person			
		Firm/Company			
	9763 Salty Bay Drive				
		Address			
	Delray Beach, FL 33446				
	TheSilverLiningCoach@gr	City/State and Zip Code			
		to be used for future annual report not	tification)		
For further information of	concerning this matter, please o		,		
Ellen Ramsey		561 926-3685			
Name o	f Person	at () 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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 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:

AMBR = \ Authorized Member	Na	
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Dated August 26th	2024						
	Signature of a member of	Lavor authorized repre	scritative of a member			·	
Dr. Ellen Ramses		•					
	Typed or	nanted name of	Signee				

Filing Fee: \$25.00