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### **COVER LETTER**

TO:	Registration S Division of Co			
SUBJEC	evator LLC	<b>C</b> .		
SOBJEC	- I i	Name of Lim	ited Liability Company	
The encl	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Sean Madden		
			Name of Person	<del></del>
		My Elevator Coach		
			Firm/Company	
		3018 59th Street South		
			Address	
		Gulfport, FL 33707		
		sean@elevatorservicesgrou	City/State and Zip Code	
			to be used for future annual report no	otification)
For furth	ser information	concerning this matter, please c	all:	
Sean Ma	adden		502 889-0924	
	Name	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed	l is a check for (	the following amount:		
	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 Addre		Street Address:	
	Registration Division of (		Registration S Division of C	
	P.O. Box 63:	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

OF 2022 0CT 25 AM 8: 22

evator LLC			• •
( <u>Name of the Limited</u> (/	d Liability Compan A Florida Limited Li	y as it now appears on our recor ability Company)	ds.)
The Articles of Organization for this Limited Lia	bility Company v	vere filed on 5-13-22	and assigned
Florida document number L22000198872	<del></del>		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liabil	ity company here:	
My Elevator Coach LLC			
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		<del></del>
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>:0x)</u>		
B. If amending the registered agent and/or regagent and/or the new registered office address	• •	ldress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	Jeff Dowd		
New Registered Office Address:			
		Enter Florida street addre	ext
		, F	lorida
		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 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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	5-13-22
(If an eff Note:	tive date, if other than the date of filing:  (optional)  ective 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 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord 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.
Dated	10/20 2022
	10/20 . 2022.  Signature of a member or authorized representative of a member
	Sean Madden
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00