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(ке	questor's Name)	
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Certified Copies	Certificates	s of Status
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COVER LETTER

Division of Cor			. •
subject: <u>Co</u>	ach Lamber Name of Lim	Ct Financial lited Liability Company	_LC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_	•	
	Serge	es Lamber-	
	Coach L	ambert Finar	rcial UC
	2977 Goodele	ette-Frank Rd 3	3
	Naples, Plo	Orida 34117 City/State and Zip Code	
	E-mail address: (1 ambert egn to be used for future annual report noti	Darl.com
For further information c	oncerning this matter, please c		
Scrges J Name o	Lambert (Person	at (239) 961 [0755 e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration 5		Street Address: Registration Sec	ction
Division of C P.O. Box 632	•	Division of Cor The Centre of T	porations
Tallahassee, I			ananassee 2 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.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: Coach Lambert Consulting LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	the abbreviation "ISP.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	PH 12: 0
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the</u> agent and/or the new registered office address here:	name of the new register
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Florid	3Zip Code
·	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I furthe	r agree to comply with t

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

D. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:	07 (3)(b is the
If the record record is til	d 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 ed.	2
Dated ₋	9/4/22 . 2022.	
	Signature of a member or authorized representative of a member	
	Serges Lambert Typed r printed name of signee	

Filing Fee: \$25.00