

L22000199464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

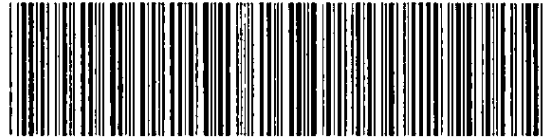
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03/24/23--01001--019 *\$73.75

FILED
TALLAHASSEE, FL
MAR 24 2023

2023 MAR 24 AM 9:59

FILED

FILED
TALLAHASSEE, FL
MAR 24 2023

2023 MAR 24 AM 8:29

RECEIVED

3/24/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

COACH LAMBERT Consulting LLC
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:

SERGES LAMBERT

Name of Person

COACH LAMBERT CONSULTING LLC

Firm/Company

2977 GOODLETTE-FRANK RD N. SUITE 10

Address

NAPLES, FLORIDA 34103

City/State and Zip Code

SUPPORT@COACHLAMBERT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGES LAMBERT

239

963-8863

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

COACH LAMBERT CONSULTING LLC

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

FILED
2023 MAR 24 AM 9:59

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/27/2022 and assigned
Florida document number L22000199464.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LAMBERT CAPITAL GROUP MANAGEMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2977 GOODLETTE-FRANK ROAD N

(Principal office address MUST BE A STREET ADDRESS)

SUITE 10

NAPLES, FL 34103

Enter new mailing address, if applicable:

2772 8TH AVE SE

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34117

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SERGES LAMBERT

New Registered Office Address:

2977 GOODLETTE-FRANK ROAD N

Enter Florida street address

NAPLES

Florida

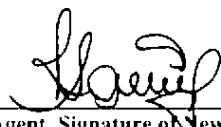
34103

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	SERGES LAMBERT	2772 8TH AVE SE, NAPLES, FLORIDA 34117	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	LOVE-YOU LAMBERT	2772 8TH AVE SE, NAPLES, FLORIDA 34117	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is for amendments. A diagonal line is drawn across the space, indicating no changes were made.)


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/23/2023



Signature of a member or authorized representative of a member

SERGES LAMBERT

Typed or printed name of signee