622000287675

(Requestor's Name)	
(Address)	50
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	ī
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	

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COVER LETTER

Division of Cor	•		
CORTEN AND ADDRESS	xecutive Coaching, LLC		
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Heather Todd		
		Name of Person	
	NextGen Executive Coachin	g, LLC	
		Firm/Company	
	1874 Oakdord Rd		
		Address	,
	Sarasota, FL 34240		
		City/State and Zip Code	
	heather@heathertodd.net	be used for future annual report notification)	
For further information c	concerning this matter, please cal		
Heather Todd		941 376-4288 at ()	
Name o	f Person	Area Code Daytime Telepho	ne 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)

Mailing Address:

TÒ:

Registration Section

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

Teen Empowerment with Heather Todd, LLC	any as it now appears on our records.)
(A Florida Limited	nany as it now appears on our records. Liability Company)	,
The Articles of Organization for this Limited Liability Compan	y were filed on June 24, 2022	and assigned
Florida document number L22000287675		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NextGen Executive Coaching, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		: .
) <u> </u>
	-	, 0.
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: .	e address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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

		
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ctive date, if other than t effective date is listed, the date i	he date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this		filing requirements, this date will not be listed a
	•	
cord specifies a delayed effect filed.	tive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
inea,		
ed May 22	2024	
2/	11111/	•