

L220000362228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. HORNE
SEP 27 2003

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09/11/23--01013--012 **25.00

FILED
23 SEP 11 PM 12:26
FBI - TAMPA, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEART MIND & HOME LIFE COACH 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:

SOPHIA WILLIAMS

Name of Person

Firm/Company

6462 SEDGEFORD DR

Address

LAKELAND

City/State and Zip Code

FL 3381108/17/20

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

For further information concerning this matter, please call:

SOPHIA WILLIAMS

813

644-0559

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

HEART MIND & HOME LIFE COACH LLC

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

FILED
23 SEP 11 PM 12:22
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/17/2021 and assigned
Florida document number L22000362228.

This amendment is submitted to amend the following:

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

GiftedInsight Consulting 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:

(Principal office address MUST BE A STREET ADDRESS)

500 D FLORIDA AVE

SUITE 415 PMB 1143

LAKELAND, FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

500 D FLORIDA AVE

Suite 415 PMB 1143

LAKELAND, FL 33801

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:

SOPHIA WILLIAMS

New Registered Office Address:

6462 SEDGEFORD DR

Enter Florida street address

LAKELAND

City

Florida 33811

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

[illegible]

[illegible]

(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)

07/2023

Signature of a member or authorized representative of a member

Filing Fee: \$25.00