L22000362228

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



COVER LETTER

TO: Registration Se Division of Cor	porations	•	, **
	• IND & HOME LIFE COACH I	LLC	
SUBJECT:	Name of Limi	ted Liability Company	
		land Car Oller	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	SOPHIA WILLIAMS		
		Name of Person	
		Firm/Company	
	6462 SEDGEFORD DR		
		Address	
	LAKELAND		
	PI 22011/0/17/2/	City/State and Zip Code	
	FL, 3381108/17/20 E-mail address: 0	to be used for future annual report noti	fication)
For further information e	concerning this matter, please co		
SOPHIA WILLIAMS		813 644-0559 at ()	
Name o	of Person	Area Code Daytim	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)	LJ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Sc	ction
Registration Division of C		Division of Co	
Division of C		Thu Cuntau of 3	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LI SER I MAN TO THE

HEART MIND & HOME LIFE COACH LLC

(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 $\frac{08/17/2}{2}$	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 liab	oility company here:	
GiftedInsight Consulting LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	500 D FLORIDA AVE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 415 PMB 1143	
Trincipul office duaress 11 Opt 1707, Determine	LAKELAND, FL 3	3801
Enter new mailing address, if applicable:	500 D FLORIDA A	VE
(Mailing address MAY BE A POST OFFICE BOX)	Suite 415 PMB 1143	
	LAKELAND, FL 3	3801
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new registered
Name of New Registered Agent: SOPHIA WILI	LIAMS	
New Registered Office Address: 6462 SEDGEF	ORD DR	
	Enter Florida	street address
LAKELAND		, Florida 33811
	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 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>	Address	Type of Action
CEO	SOPHIA WILLIAMS	6462 SEDGEFORD DR LAKELAND FL 33811	= Add
			□Remove
			□Change
		,	🗆 🗆 Add
			□Remove
			□Change
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Dated	
Signature of a member of authorized representative of a member	

Filing Fee: \$25.00