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(Req	uestor's Name))
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COVER LETTER

то:	Registration Se Division of Cor			
er:oue	KJ Coachin	g LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Stephanie Goebel		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkcrest Drive, Ste.	103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
			o be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	dl:	
Stephai	nie Goebel c/o Ze	nBusiness Inc.	844 493-6249 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KJ Coaching LLC	
(<u>Name of the Limited Liahi</u> (A Floric	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1.22000461313	Company were filed on 10/26/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
Legacy Coach LLC	
The new name must be distinguishable and contain the words "Lir	imited 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 ADD	DRESS)
	2022 1
	DEC 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SE TI
Training address on a second of the body	T T T
	<u> </u>
B. If amending the registered agent and/or regi	istered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	CITY ZID COOP

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>	Address	Type of Action
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			□ Remove
			Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cannot block does not meet th	t be prior to date of fi e applicable statute	ling or more than 90 day	(optional) is after filing.) Pursuant to ts, this date will not be	605,0207 (3 listed as th
the record specifies a delaye) The 90th day after the re		but not an effe	ctive time, at 12	:01 a.m. on the ea	rlier of:
Dated November 25	202	2 .			
/s/ Kara Erickson					

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Typed or printed name of signee

Filing Fee: \$25.00