Division of Corporations Electronic Filing Cover Sheet

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To:	Division of C	orporations		
		: (850)617-638	3	AM II:
from:				
	Account Name	: PARASEC		^:
	Account Numbe	r : 120180000086		~
	Phone	: (916)576-7006	9	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIZ PERFORMANCE COACH, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

To: 18526176383 From: 19166105073 Date: 12/20/22 Time: 9:14 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BIZ PERFORMANCE COA	CH, LLC ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	<u> </u>	Florida
	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.

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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

Title	<u>Name</u>	Address	Type of Action
AMBR	Maurice Walker	261 NORTH UNIVERSITY DRIVE	STE. 500 <u>N</u> Add
		PLANTATION, FL 33324	□Remove
			Change
			□ Add
			□Remove
			□Add
			∐Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			□Remove
			□Change

Tq: 18506176383 From: 19166105073 Date: 12/20/22 Time: 9:14 PM Page: 05/05

D. If amen	nding any other information	i. enter change(s) here: 74	ttach additional sheets	Approxemy 1 . W.	64,
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(If an effect <u>Note:</u> If	re date, if other than the date twe date is listed, the date must be fithe date inserted in this block int's effective date on the Depar	specific and cannot be prior to data does not meet the applicable s	e of filing or more than 90 c statutory filing requireme	(optional) hays after filing) Fursuant to ents, this date will not be	६०८ 0207 (अर् listed as the
f the record record is filed	specifies a delayed effective da d.	te, but not an effective time, a	t 12 01 a m on the earli	er of (b). The 90th day a	iter the
Dated _	December 16	2022			
_		Marc	v Walder		
	Sign	nature of a member or authorized	representative of a membe		
		Marcia Walk	er		
		Typed or printed nam	ne of signee		

Filing Fee: \$25.00