# 122000473196

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
	<b>—</b>	<b>—</b>
		MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	5	
	Office Use Only	1
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### 00.900 0000 **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	

# BIZ PERFORMANCE COACH, LLC

SUBJECT: \_

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:

# MARCIA WALKER

Name of Person

2

Firm Company

## 261 NORTH UNIVERSITY DRIVE STE, 500

		Address		5 20
	PLANTATION, FL 3332	24		2022 KO SECRE TAL
	-	City/State and Zip Code		N Z
	Info@bizperformancecoad	ch.com		ά
	E-mail address	: (to be used for future annual	report notification)	1. E
For further information	concerning this matter, please	call:		5
MARCIA WALKER		781 42	1-3102	
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

# BIZ PERFORMANCE 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 11/03/2022 and assigned assigned as a set of the set

Florida document number 1.22000473196

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY <u>BE A POST OFFICE BOX)</u>

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new r</u> <u>agent and/or the new registered office address here</u>:</u>

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
		lorida
	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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

it amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person b or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of</u>
MGRM	OLIVIA WRIGHT	261 NORTH UNIVERSITY DRIVE	🖂 Add
		STE. 500	■Reπ
		PLANTATION, FL 33324	
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<del></del>			🗆 🖾 Adđ
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	TALLA ATTO: 28

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft record is filed.

November 9 Dated	2022	
	DocuSigned by:	
	Many . Q. Nalter	
	Signature of a member of authonized tepresentative of a member	
	MARCIA WALKER	

Typed or printed name of signee

Filing Fee: \$25.00