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Special Instructions to Fili	ng Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	P Coach	ng LLC ited Mability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	TRACY	PHAM Name of Person		
	1801 N 3	Firm/Company  Lederal Ho	ghway Blop	6-21
	Boca R tracy Preg	City/State and Zip Code  City/State and Zip Code  Cor  Cor  Cor  Cor  Cor  Cor  Cor  Co	3487 n = = = = = = = = = = = = = = = = = = =	• .
For further information co	oncerning this matter, please ca			
Tracy P	ham Person	at (306) 942 Area Code Daytime	2.793 O = G	
Enclosed is a check for th	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address		Street Address:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for Florida document number <u>12300015275</u> 0		ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	npany," the designation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2 .
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, enter the name of the new i	registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	

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.

City

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member Address
1801 N Federal Highway
81dg 6-202 Boca Raton FL PAdd Title Name Remove Change <u>∷</u>□Remove ∑ Change □Ghange <u>~</u> □Ædd \_\_ □Remove □Change  $\square$ Add □Remove □Change  $\square$ Add □Remove

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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or r  te: If the date inserted in this block does not meet the applicable statutory filing.	nore than 90 days after filing.) Pursuant to ( ng requirements, this date will not be l
nument's effective date on the Department of State's records.	
	on the parties of the The 90th day a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. s filed.	on the eartier of (b) The your day a
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