# 123000184348

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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### **COVER LETTER**

| TO:                   |  |  |   | . ~                                    |  |  |  |  |
|-----------------------|--|--|---|--|--|--|--|--|
| orin ro               |  | COACHING CONSULTING  | G ADVISORY, LLC                           |  |  |  |  |  |
| PORTE                 | CI:  | Name of Lim  | ited Liability Company                    |  |  |  |  |  |
|                       |  |  |   |  |  |  |  |  |
|                       |  | IZABELA HOLMES   |   |  |  |  |  |  |
|                       | Division of Corporations  ACCENDO COACHING CONSULTING ADVISORY, LLC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following: |  |   |  |  |  |  |  |
|                       |  |  |   |  |  |  |  |  |
|                       |  | DO COACHING CONSULTING ADVISORY, LLC  Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  IZABELA HOLMES  Name of Person  ACCENDO COACHING CONSULTING ADVISORY, LLC  Firm/Company  3015 N ROCKY POINT DR E, SUITE 601  Address  TAMPA, FL 33607  City/State and Zip Code  izabela.holmes@gmail.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  at 443  Area Code  Daytime Telephone Number  or the following amount:  \$\$30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Copy (additional copy is enclosed) |   |  |  |  |  |  |
|                       |  |  |   |  |  |  |  |  |
|                       |  | -  | Address                                   |  |  |  |  |  |
|                       |  | TAMPA, FL 33607  |   |  |  |  |  |  |
| For furthor lzabela h |  | City/State and Zip Code  |   |  |  |  |  |  |
|                       |  |  |   |  |  |  |  |  |
|                       |  | E-mail address: (  | to be used for future annual report notif | ication)                               |  |  |  |  |
| For furt              | her information c  | oncerning this matter, please c  | all:                                      |  |  |  |  |  |
| Izabela               | Holmes   |  | ,   |  |  |  |  |  |
|                       | Name o   | f Person   |   | : Telephone Number                     |  |  |  |  |
| Enclose               | E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  bela Holmes  443  889-2497  at (   |  |   |  |  |  |  |  |
| <b>■ \$25</b>         | 5.00 Filing Fcc  |  | Certified Copy                            | Certificate of Status & Certified Copy |  |  |  |  |
|                       | Mailing Addres   | <u>s:</u>  | 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

# ACCENDO COACHING CONSULTING ADVISORY, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on April 13, 2023 and

| The Articles of Organization for this Limited  | Liability Compan    | y were filed on <u>CPIII</u> | and assigned                                  |
|--|---------------------|------------------------------|---|
| Florida document number L23000184348   | ·                   |                              |   |
| This amendment is submitted to amend the fo  | llowing:            |                              |   |
| A. If amending name, enter the new name  | of the limited lia  | bility company here          | ;   |
| Rocky Point Advisory, LLC  |                     |                              |   |
| The new name must be distinguishable and contain the                                   | words "Limited Liab | oility Company," the desig   | gnation "LLC" or the abbreviation "L.L.C."    |
| Enter new principal offices address, if apple  | icable:             | no change                    | 75  |
| (Principal office address MUST BE A STRE   | ET ADDRESS)         |                              |   |
|  |                     |                              |   |
| Enter new mailing address, if applicable:  |                     | no change                    | <u>:</u>                                      |
| (Mailing address MAY BE A POST OFFICE  | E BOX)              |                              | <del></del>                                   |
|  |                     |                              | ر-<br>  |
| B. If amending the registered agent and/or agent and/or the new registered office addr |                     | address on our reco          | ords, <u>enter the name of the new regist</u> |
| Name of New Registered Agent:  | no change           |                              |   |
| New Registered Office Address:   | no change           |                              |   |
|  |                     | Enter Florida                | i street address                              |
|  | no change           |                              | . Florida no change                           |
|  | -                   | 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 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 Me | ıber |  |

| <u>Title</u> | Name        | Address     | Type of Action |
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| effective da | te, if other than th<br>ate is listed, the date m | ust be specific a | und cannot be pri | ior to date of filt | ng or more than 9 | (optional) 0 days after filing. | Pursuant to 605.02 |
|              | late inserted in this lifective date on the i     |                   |                   |                     | y filing require  | ments, this date                | will not be listed |
|              |   | P                 |                   |                     |                   |                                 |                    |
| record s     | pecifies a delaye                                 | ed effective      | date, but r       | not an effec        | tive time, at     | 12:01 a.m.                      | on the earlier     |
|              | day after the re                                  |                   |                   |                     |                   |                                 |                    |
|              |   |                   | 2002              |                     |                   |                                 |                    |
| ed           | August 1  | · <del>4</del>    | _· <u>2023</u>    | ·                   |                   |                                 |                    |
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|              |   |                   | $\nu / \sim 1$    | سر رمہ              |                   |                                 |                    |
|              |   | Signature of      | a member or au    | thorized represe    | ntative of a mem  | ber                             | <del></del>        |
|              |   | Signature of      | a member or au    | thorized represe    | entative of a mem | ber                             |                    |

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Filing Fee: \$25.00