# L23000204858

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	<u> </u>





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2024 APR - 1 pm 4: 57

# **COVER LETTER**

TO: Registration Section Division of Corporations		:		
subject: <u>Boundl</u>	PSS Pa	th Code	hine	LLC
The enclosed Articles of Amendment	and fee(s) are submi	tted for filing.		
Please return all correspondence conce	erning this matter to	the following:		
	KONIN G	SON Name of Person	Mict	tel_
B	oundless	PATh Co Firm/Company	ach; v	6 LLC
b	1-21 N	FloRidA Address	AVe	D-1702
<del> </del>	1mPa	Florida City/State and Zip Code	33	<u>.</u>
mich	ne   annua E-mail address: (10 t	lrebortllc be used for future annual rep	Ogmo	iil-COM
For further information concerning thi	s matter, please call:			
Honingson Name of Person	<u> Hichel</u>			6595 Thone Number
Enclosed is a check for the following	imount:			
	Filing Fee & Teate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose		S60.00 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

FILED

BOUNDIESS PAIL	+ COACHINEDAPR - LC
' ( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison document number $\frac{L 23000 20485}{2000000000000000000000000000000000000$	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited 1  Boundless Path Coachi The new name must be distinguishable and contain the words "Limited L  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	iability Company." the designation "LLC" or the abbreviation "L.L.C."  7901 4 <sup>th</sup> 57 N 57E 300
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7901 4 <sup>th</sup> ST N Stē 300 St. Petersburg, Floridal 33702
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent: Re G  New Registered Office Address: 790	stered AGents INC 1 4th ST N StE 300 Enter Florida street address
<u>st.</u>	Petersburg Florida 33702 Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

 $\langle \cdot \rangle$ 

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 amonding 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
<u>CEO</u>	Koningson Michel	6421 N Florida	□Add
		Ave D-1153	∇Remove
		Tamba F/ 33604	- □Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
<u>CEO</u>	Koninosow Michel	7901 4th ST N STE 3	BOO DrAdd
		51. Petersburg Floris	<u>da</u> □Remove
		33 702	□ Change
			□ Add
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an eff lote:	ive date, if other than the date of filing:
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	+4
ated	MARCH 26 2024.
	Signature of a member or authorized representative of a member