## L23000247521

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

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S. ROBERTS AUG 0 1 2023

FLORIDA CAPITAL COURIER SERV 2330 CLARE DRIVE TALLAHASSEE, FL 32309	/ICES, INC
(850) 524-5437	
(850) 524-6243	
Please use funds from <u>I20210000160</u> : \$2 Authorization Signature:	
BUSINESS DOC#	
Certified Copy of Articles	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp	X_Amendment
Not for Profit	Resignation of R.A. or member
Officer/Director	Dissolution
Limited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
Other	Merger
CORP	Conversion
LLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	
	REGISTERATION/QUALIFICATIONS
<u>Trademark</u>	
Annual Report	Foreign filing
NOTARY REGISTRATION	_ ,
<del></del>	Limited Partnership
Fictitious Name	Reinstatement
<del></del>	
APOSTILLE	Other
Country	

EXAMINIER'S INITIALS:\_\_\_\_

## **COVER LETTER**

TO:

Registration Section Division of Corporations

	CKIE COACHING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JACKELINE FRANCO		
The enclosed Articles of Ame Please return all corresponden  J  J  For further information concess  Name of Pers  Enclosed is a check for the folk  \$\begin{align*}		Name of Person	
	JIREH JACKIE COACHI	NG LLC	
		Firm/Company	
	470 NE 5TH AVE, APT 3	716	
		Address	
	FORT LAUDERDALE, F	1., 33301	
		City/State and Zip Code	
	J.FRANCO109@YAHOO.		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
		at ()	se Telephone Number
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Registration	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIREH JACKIE COACHING 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 5/19/2023 and assigned Florida document number 1.23000247521 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: 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 to 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.

Cin

, Florida \_\_\_

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JACKELINE FRANCO	470 NE 5TH AVE, APT 3716	
		FORT LAUDERDALE, FL. 33301	□Remove
			□ Change
<del></del>			□Add
			□Remove
			□Add
			Remove
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an effe <u>ote:</u>	ve date, if other than the date of filing:	o 605.0207 e listed as
record is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ed.	after the
ated _	JULY 30 2023	
	Signature of a member or authorized representative of a member	_