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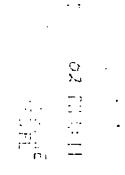
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Division of C	Section Corporations	
E3OD		
SUBJECT:	Name of Lin	ited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.
Please return all corre	spondence concerning this matter	to the following:
	Megan Schwartz	
		Name of Person
		Firm/Company
	22784 Cherokee Rose Place	ce
		Address
	Land O Lakes FI 34639	
	 	City/State and Zip Code
	msschwartz32@gmail.com	
For further information	n concerning this matter, please c	to be used for future annual report notification)
Megan Schwartz		352 2382509
Nan	e of Person	Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	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

E3OD			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on o d Liability Company)	our records.)	
he Articles of Organization for this Limited Liability Compar	ny were filed on August	08, 2023	and assigned
lorida document number L23000372307			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company here:		
onflation Coaching L1 C			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			•
nter new mailing address, if applicable:			F
Mailing address MAY BE A POST OFFICE BOX)		***	= 1
		7.	**************************************
		r = ;	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our recor	ds, <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
- · · · · · · · · · · · · · · · · · · ·	Enter Florida st	reet address	
		, Florida	
	Ciņ		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 Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Karen Morrow	431 Crest Avenue, Kirkwood MO 63122	≘Add
			□Remove
			Change
			□ Add
			□ Remove
			□ Change
			□Add
			□ Remove
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Tective date, if other than the date of filing: 7/26/2024 (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 Out: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list because it is effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed. Attendity 26, 2024 Significant of a member or authorized representative of a member.	
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Signature of a member or authorized representative of a member	Significate of a member or authorized representative of a member

Filing Fee: \$25.00