## L23000403288

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## **COVER LETTER**

TO: Registration Section Division of Corporations		•
	nac IIC	•
SUBJECT: Coach Troy So	ne of Limited Liability Company	
	, , ,	
The enclosed Articles of Amendment and fee(s	are submitted for filing	
·		
Please return all correspondence concerning thi	s matter to the following:	
	Y Jones Name of Person	
	Number of Person	
	Firm/Company	
8230	cleary Blvd #2305	
	Address	
Plantat	700 FL 33324 City/State and Zip Code	
	City/State and Zip Code	
coache	. Couch troy jones. com address: (to be used for luture annual report notifi	
		cation)
For further information concerning this matter,	please call;	
Trou Jones	at 1443 \ 633.57	50
Troy Jones Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee ■ \$30.00 Filing Fe		□ \$60.00 Filing Fee,
Certificate of S	Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mulling Addu	Cannad A J.Jun.	
Mailing Address: Registration Section	Street Address: Registration Sect	tion

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

Coach Troy Jones LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) | A Florida Liability Company) Florida document number <u>L 23000403</u>288 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: (Muiling 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 registered agent and/or the new registered office address here: Doris Bumbrey Name of New Registered Agent: Plantation Florida 33324

City Zip Code New Registered Office 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.

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>	<u>Name</u>	Address	Type of Action
MG-R	Doris Bumbrey	8230 Cleary BIVD # 2305	🗆 Add
		Plantation, Florida 33324	Remove
			Change
MGR	Troy Jones	8230 cleary Blud # 2305	<b>%</b> Add
		Plantation, FL 33324	□Remove
			Change
			□Add
			□Remove
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			□Remove

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anenect <u>ote:</u> If	e date, if other than the date of filing:
	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
ecord s	l.
is filed	iugus + 28 , 2023
is filed	ingust 28 , 2023
is filed	L.

Filing Fee: \$25.00