

L23000438583

Florida Department of State
Division of Corporations
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To:
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Fax Number : (850)617-6383

From:
Account Name : INC AUTHORITY, LLC
Account Number : I202400000004
Phone : (775)329-7721
Fax Number : (775)376-9207

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dina@soulutionlifecoaching.com

RECEIVED
2024 MAY 20 PM 4:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOULUTION LIFE COACHING, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
| Estimated Charge | \$25.00 |

K. SALY

MAY 21 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SOULUTION LIFE COACHING, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/20/23 and assigned
Florida document number L23000438583.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DINA BRADY COACHING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3680 Avalon Park E Blvd #310

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32828

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
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Dated May 19, 2024

Signature of a member or authorized representative of a member

Dina Brady

Typed or printed name of signee