

L23 000 454 574

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R. HUNT

04/02/24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Abba's Grace Christian Coaching LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zulay Romero

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1839 Miccosukee Rd., Apt. 10A

\_\_\_\_\_  
Address

Tallahassee, FL, 32308

\_\_\_\_\_  
City/State and Zip Code

zaromero12@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zulay Romero

252  
at ( )

6710345

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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)

**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**

Abba's Grace Christian 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 10/02/2023 and assigned  
Florida document number 623 000 9345 74

This amendment is submitted to amend the following:

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

Ember Studio 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:

7901 4th St N STE 300 St. Petersburg, FL 33702

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

7901 4th St N STE 300 St. Petersburg, FL 33702

**(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:

David Roberts, Registered Agents Inc

New Registered Office Address:

7901 4th St N STE 300

*Enter Florida street address*

St. Petersburg

*City*

Florida 33702

*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.

*David Roberts*

David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00



92:6 MW 9:26  
92:6 MW 9:26

(If an 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 605.0207 (3)(b)

Typed or printed name of signee