## 123000467818

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

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## **COVER LETTER**

Division of Cor			
	Z COACHING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PIROSKA M BERGER		
		Name of Person	
	FREQUENZ COACHING	G LL.C	
		Firm/Company	
	1101 S ROGERS CIR STI	E 4	
		Address	<del></del>
	BOCA RATON, FL 3348	7	
		City/State and Zip Code	
	NICOLAS@2ALBION.CO	DM to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c		
NICOLAS PANCARO		561 350-3267	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C	Componentions	Division of Cor	norotions

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

FREQUENZ COACHING LLC		
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	2.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/11/2023	and assigned
Florida document number L23000467818		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	: (T)
		1 0 1
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		\$ <del>}</del>
	<del></del>	
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	;
		orida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	LUCAS NUMMER	1101 S ROGERS CIR STE 4	<b>≣</b> Add
		BOCA RATON, FL 33487	□Remove
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te: If the date insert	er than the date of fil , the date must be specific ed in this block does no ate on the Department of	at meet the applicable	date of filing or more e statutory filing re	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed t
	yed effective date, but	not an effective time	, at 12:01 a.m. on	the earlier of) (b)	The 90th day after the
	l	2024			
ted AUGUST 25TH	D	1	(.07		
ted AUGUST 25TH	Signature N	insc	ed representative of	a member	

Filing Fee: \$25.00