L23000547923

(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(1000)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Submisso Linky Harris)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700421744287

01/16/24--01022--020 **60.00



COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT:	MCPU/S Name of Limi	S COACHING L	LC_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Ma	vie Creus	
		Name of Person	
		Firm/Company	
	75	75 Bulf B1	vd 33
	,	Address	
	No	City/State and Zip Code	32566
	E-mail address: (i	US 1023 (P) GY to be used for future annual report notifi	May(OM)
For further information of	oncerning this matter, please ca	all:	32
Mavi	ie Crews	ar (564, 49 1 -1	6879
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

(Name of the Limited Liability Compa	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{DC_{1}2_{2023}}{DC_{1}2_{2023}}$ and assigned
Florida document number <u>L 23000547923</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
NA	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	year,
	- 10 P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address: MA	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete	

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

Title	<u>Name</u>	Address	Type of Action
AMBR	John Crews	7575 Gulf Blvd	27/\dd
		Navarre, FL 32566	□Remove
			□Change
			□ Add
			□Remove
			[]Change
			Z ZAdd
			EAdd Remove
		·	
	 	·	□ Change □
			□Remove
			□ Change
			□Add
			□Remove
			Change
			🗀 Add
			[]Remove
			□Change

MA					
		· · · · · · · · · · · · · · · · · · ·	 		
				<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	2021	
					· ·
				5 0	•
				und (
·				9.02	•
				~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	

_					
ective date, if other the	an the date of filing: late must be specific and cannot be price	or to date of filing or more tha	(options		.020
te: If the date inserted in	this block does not meet the applithe Department of State's record	icable statutory filing requ			
	·				
cord specifies a delayed of stiled.	effective date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b)	The 90th day after	r the
	. /				
red 01 /03 / d	4	•			
ed 01/03/2	Signature of a member or aut	reus			