(shown below) on the top and bottom of all pages of the document.

(((H24000046326 3)))



Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I2001000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BENELOVENT CAREGIVER COACHING LLC

Certificate of Status	0
Certified Copy	
Page Count	06
Estimated Charge	855.00

M. SOLOMON

FEB 4 1 2024

Flectronic Filing Menu — Corporate Filing Menu

Help

## **COVER LETTER**

TO: Registration S Division of Co			
	VENT CAREGIVER COACHI	NG LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	'Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	gilbertlj@yahoo.com	to be used for future annual report notificati	•
For further information a	concerning this matter, please of		
Cheyenne Moseley		800 773-0888	
Name (	of Person	at ()	ephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	JNG ADDRESS: ration Section on of Corporations tox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENELOVENT CAREGIVER COACHING LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000011277	were filed on <u>01/04/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
BENEVOLENT CAREGIVER COACHING LLC		
The new name must be distinguishable and contain the words "Lumted Liability	ty Company," the designation "LLC" or	the abbrevianon "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		3024 FEI
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9 21 All 12
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	lu
	Cuy	$Z\psi$ 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

MGR = Manager

To:

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

<u>`itle</u>	Name	Address	Type of Action
			D Add
			□ Remove
			Change
			□ Remove
			Change 2
<u></u>			□ Change 2024 FE8 21 PH 12: 38
			P Remove ¬
			□ Change ω
			D ∧dd
			□ Remove
			Change
			∴ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove

_			
_			
_			
			2024
			FEB
			21
			PH H
_	-		PM I2: 31
-			88
_			
_			
(If an effec	e date, if other than the date of filing:tive 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	5,0207 (3)(b
	The date inserted in this block does not meet the applicabilit's effective date on the Department of State's records.	tle statutory filing requirements, this date will not be list	ed as the
	·		
the reco	rd specifies a delayed effective date, but not	an effective time, at 12:01 a.m. on the earli	er of:
) ines	Oth day after the record is filed.		
Dated	1/31/2024	_:	
		-	

Page 3 of 3

Typed or printed name of signer

Filing Fee: \$25.00