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of 713012024

COVER LETTER

Division of Corporations
SUBJECT: Ma) estic Coaching + Consulting 110 Name of Limited Liability Company ()
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:
Outia A. Stephenson Name of Person
Mayestie Coaching + Consulting LLC Firmtionpany
1377 NIW 40th AVE Stc. 1023
Lauderhill FL 33313 City/State and Zip Code Majesticalla @amail: Com E-mail address: (b) be used for future annual report notification)
Majestice le agmail: com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julia Stephenson at (954) 832 6322 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

Majestic Coachin	t Consulting LLC ability Company as it now appears on our recolorida Limited Liability Company)	2024 CTL 29 PH 5: 24
(Name of the Limited L)	forida Limited Liability Company)	. ·
The Articles of Organization for this Limited Liabili	ity Company were filed on $6/20$	2024 and assigned
Florida document number <u>L 24 DCO 2805 2</u> 0	<u>o</u> .	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	_
B. If amending the registered agent and/or regist agent and/or the new registered office address he		er the name of the new registered
	 .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
_	,	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 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>	Address	Type of Action
Munayer	Julia Stephenson	4831 NW 1st Street Plantation Fl 33317	(Z)Ádd
			□Remove
			□Change
			□ Add
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activ	ve dote if a	ther then th	e date of filing:			optional)
effe	etive date is li	sted, the date m	ust be specific and cann		iling or more than 90 days	after filing.) Pursuant to 605.0207
			block does not meet. Department of State		tory filing requirements	this date will not be listed as
cord	l specifies a d	delayed effecti	ve date, but not an c	ffective time, at 12:	01 a.m. on the earlier o	f: (b) The 90th day after the
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			Allen	HENO		
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