C24000308162

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
SUBJECT:	MB Couch	ing & Sales, LL	C		
301000011	Name of Limi	ing & Sales, LL techniability Company			
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.			
Please return all correspo	endence concerning this matter t	o the following:			
Martha Barthmer Name of Person					
		Name of Person			
	MB (raching & Sales, L	-LC		
		Firm/Company			
	3637	23 Urban Rd.			
		Address			
	Zeg	City/State and Zip Code	3541		
	E-mail address: (t	thaner @ hotmai,	incation)		
For further information e	oncerning this matter, please ca	11):			
Mart	La Barthaner	at (813) 399-4 Area Code Doytin	467		
Name	TERM	Area Code Dayini	ic reconone vumber		
Enclosed is a check for the	ne 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 Addres	is:	Street Address:			
Registration S	Section	Registration Se			
Division of C P.O. Box 632	•	Division of Cou The Centre of T	-		

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MB Coaching &	Sales, LLC	
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on o ted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comparing the L24 000 308 162.	any were filed on7	10/24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2	- 7
	·····	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
		1
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	oci address
		, Florida Zip Code
	Ciņ	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, 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
MGR	Martha Barthauer	36323 Urban Rd.	XAdd
		36323 Urban Rd. Zephyrhills, FL 33541	⊡Remove
			□Change
			□Add
			□Remove
			□Change
			□∧dd
			□Remove
			[]Change
			□Add
			TRemove
			□Change
			🗖 Add
			□Remove
			Change
			□Add
			Chann

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Note: If	e date, if other than the date of filing:	605.0207 listed as
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day d.	after the
Dated	August 18 2024. Martly Barton Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	-

Filing Fee: \$25.00