L24 000 314 279

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COVER LETTER

Division of Corpo	orations		
subject: <u>Upu</u>	avdly Life Name of Lim	Coaching LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing,	
Please return all correspond	dence concerning this matter	to the following:	
	Jenc	Name of Person	
	_ Jenx	Life Coathing	ue
	18640 Cou	nty line Road	
		FL 34610 City/State and Zip Code	
	Tem [-	PEZ 72 Q CMUL.	Cation)
For further information con	scerning this matter, please ca	all:	
Jennifer L Name of F	OPCZ Person	at (941) 400 Area Code Daytime	7855 Telephone Number
Enclosed is a check for the	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 Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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 (A Florida	lity Company as it now appears on our records.) la Limited Liability Company.
The Articles of Organization for this Limited Liability C Florida document number <u>L24000 31427</u>	Company were filed on $745-24$ and assigned 9 .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim Jeny Life Co The new name must be distinguishable and contain the words "Lim	nited liability company here: Ching UC nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1/2
(Principal office address MUST BE A STREET ADDI	RESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	; -
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	Sup.

New Registered Agent's Signature, if changing Registered Agent:

1

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		_,	□Add
			□Remove
			□Remove
			Change
			□Remove
			□Change

_	
-	
_	
Effective	e date, if other than the date of filing: (optional)
If an effect Note: If	ive 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 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as taken the date on the Department of State's records.
e record s rd 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 after the l.
Dated	august 19 2024.
	Signature of a member or authorized representative of a member
	Topolisaciones
	Typed or printed name of signee

Filing Fee: \$25.00