L24000351012

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9/20/24 KH

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: Crystal Coach Coaching 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:
Was Paul Kelley Name of Person
Crystal Coach Coaching
5630 Atlantic Ave. Apt. 301
Delray Beach FI 33484 City/State and Zip Code
2-tensor @ amail. (com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (919) 608 - 3782 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 \\$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:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The 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 Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 12400351012.	wwere filed on Aug., 12, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	aching LLC. ility Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5630 Atlantic Ave. Apt 301 Delray Beach, FL 33484
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5630 Atlantic Ave. Apt 301 Delray Beach, FL 33484
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 registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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, <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>	<u>Name</u>	<u>Address</u>	Type of Action
MGZ	was Paul Kellen	5630 Atlantic Ave, Apt 30 Delray Beach FL, 33484	OI ∉Add
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If an effe <u>Note:</u>	date, if other than the date of filing:	
e record rd is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
Dated _	09/12/24	
	Signature of a member or authorized representative of a member	