L24000429922

(Requestor's Name)
(Address)
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(A)()
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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2024 HOY -4 AMII: 16

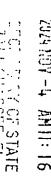
COVER LETTER

TO: Registration S Division of Co		•	
	ching LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Liliana Torella		
		Name of Person	
	<u></u>	Firm/Company	
	1388 Clear Brook PL		
		Address	
	St Cloud, FL 34772		
		City/State and Zip Code	
	torella.liliana@gmail.com		· <u>····</u>
For further information	E-mail address: (t	to be used for future annual report notifiall:	cation)
Liliana F Torella		646 812-1310	
Name	of Person	at ()	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:

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

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

Psiquecouching LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000429922}{L24000429922}$.	were filed on 10/04/202	4 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Psiquecoaching LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1388 Clear Brook PL	ear Brook PL		
(Principal office address MUST BE A STREET ADDRESS)	St Cloud, FL 34772			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 registere		
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 agr provisions of all statutes relative to the proper and complete				

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>	Address	Type of Action
4 87			□Add
			Remove
			Remove
			□Change
			□Add
			Remove
			□ Change
			□Remove
			Change
			Remove
			STARREMOVE TO
			□ Change

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fective date, if other than the date of offective date is listed, the date must be offective date inserted in this block ocument's effective date on the Department.	does not meet	the applicable s				
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	te, but not an	enective fille, a				
record specifies a delayed effective datis filed. October 14th		1024 Omail				2024 HOY
is filed. October 14th	, <u>2</u>	1024) nol	all a contractive of a representative of a rep	nember		1 - 10K 120Z

Filing Fee: \$25.00