

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2nd ATTEMPT

L24000430274

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000348014 3)))



H240003480143ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

2024 OCT 17 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MY COACH PATH LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

NOV - 8 2024

RECEIVED
2024 NOV -7 PM 2:45
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/17

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT 17 PM 3:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

MY COACH PATH LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/24 and assigned Florida document number L24000430274

This amendment is submitted to amend the following:

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3833 POWERLINE ROAD, SUITE 201

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

3833 POWERLINE ROAD, SUITE 201

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, FL 33309

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TOM LUCA IMMANUEL FISCHER	3833 POWERLINE ROAD, SUITE 201	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TOM LUCA IMMANUEL FISCHER	3833 POWERLINE ROAD, SUITE 201	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 OCT 17 PM 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

