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S. HAWKES
JUN 4 - 2009
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANUNTURE COACH, LL C 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:	
JEWIFER CLAIG Name of Person	
Adventure Gracet, uc Firm/Company 2847 Amtree Lane #DD	
2847 AMTRIE Lane #DZ	
Naples, FL 34/12 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vennifer (Vaic at (239) 216-0431 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adventure Co	ACH, UC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L67000 /3 938</u>	were filed on <u>2/7/04</u>	and assigned
This amendment is submitted to amend the following:		709 SE 99
A. If amending name, enter the new name of the limited liabi	<u>lity company here</u> :	
NSITE STRATEGIST	- uc	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	ω
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	NA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent: New Registered Office Address:	1/IA	
	Enter Florida street add	ress
	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add
D. If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessar	
Dated	5-28	3009.	
	Je.	ember or authorized representative of a member 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Page 2 of 2

Filing Fee: \$25.00