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SECRETARY OF STATE
ANALYSISE FLORI

B. BOSTICK
MAR 2 0 2012
EXAMINED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Accountability Coaching UC 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:
Michael White Name of Person
Improve my Tomorrow Gaching UC
441 Cottage wood lane
Royal Palm Beach FT 33411 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call: Columbia Co
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status} \text{Certified Copy} \$\ S60.00 Filing Fee, Certificate of Status & Cer

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hccountability Co	iching LLC
(<u>Name of the Limited Liability</u>)Compa (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 LOCOLO 2872	10/20/0000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	441 Cottage wood lane Royal Patrn Beach FL 33411
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	441 Cottoge wood Core Royal Palm Beach FC 33411
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	7 <mark>A</mark> SE: 2
New Registered Office Address:	AR A
	Enter Florida street address SE
	City Tip Code
New Registered Agent's Signature, if changing Registered Agent:	: 21 DRID
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl	

If Changing Registered Agent, Signature of New Registered Agent

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 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 = Manager

MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
					
•					
·					
			Remove		
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D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if no	ecessary.)		
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			AR 19		
			mc		
Dated	3/12	012.	ED PM 2: 21 GF STATE E. FLORIDA		
	Ald		DA PI		
	Signature of a mem	ber or authorized representative of a member			
	IIICOEL	F. White			
	l yr	ped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00