10000085292

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(Ac	ldress)	
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(Do	ocument Number)	<u>-</u>
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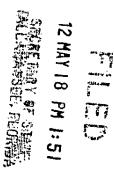
MAY 21 2012

EXAMINER



600235044466

05/18/12--01011--034 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PATHWAYS WITH PURPOSE CCC Name of Limited Liability Company
Name of Emitted Etability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEANNIE F. ALDERSON Name of Person
Firm/Company
129 HUNTERS TRAIL
129 HUNTERS IRAIL Address SWETTWATER 378'74 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEANNE ANDERSON at (423) . Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S55.00 Filing Fee \$\ Certificate of Status \$\ Cert

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

PATHWAYS WITH FURPO	ISE UC
(Name of the Limited Liability Company (A Florida Limited Lial	as it how appears on our records.)
· ·	
The Articles of Organization for this Limited Liability Company w	ere filed on $8/27/2007$ and assigned
Florida document number <u>LO7000085292</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
J. ANDERSON AND A	ISSOCIATES, LLC
The new name must be distinguishable and end with the words "Limited "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	36 ca
	22 E
Enter new mailing address, if applicable:	Chi-
(Mailing address MAY BE A POST OFFICE BOX)	
	Carrier -
•	5
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the nev
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 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:

<u>Title</u>	<u>Name</u>	Address	Type of Act
			Add
			Add Remove
			_
			Add Remove
			Add Remove
			Add
			Remove
			Add Remove
D. If ame	ending any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
			_
-			
-			
- - -			
- - - -			
Dated	May 14, 2	2012 .	

Page 2 of 2

Filing Fee: \$25.00