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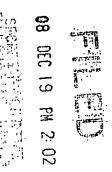
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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S. HAWKES

PS1. 23 2008

EXAMINER

COVER LETTER

TO: Registration Section of Con				
SUBJECT: Breakthrough Consulting & Coaching, LLC (Name of Limited Liability Company)				
	`	• • •		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Hutson M. Taylor			
		(Name of Person)		
Breakthrough Consulting & Coaching, LLC				
		(Firm/Company)		
	PO Box 5827			
		(Address)		
Destin, Florida 32540				
		(City/State and Zip Code)		
For further information c	oncerning this matter, please c	all:		
Hutson M. Taylor at (850) 650-9410 (Name of Person) (Area Code & Daytime Te		'elephone Number)		
Enclosed is a check for the	ne 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Breakthrough Consulting & Coaching, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records	<u>.</u>)	
(ATTIONISE DIMINISE L	· ·		
The Articles of Organization for this Limited Liability Company	were filed on 8th February 2008	and assigned	
Florida document number L08000014130			
This amendment is submitted to amend the following:			
A 16	:!: <u>4.</u>		
A. If amending name, enter the new name of the limited liab	omty company nere:	, mir.	
	34.41 inhille Commun. 24h daringal	250 8	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designati	on "LLC" or the abbreviation	
E-4			
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			
		.2	
		02	
Enter new mailing address, if applicable:	PO Box 5827		
(Mailing address MAY BE A POST OFFICE BOX)	Destin, FL 32540		
	.		
TO 18		4 4b c 4b	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new	
3	_		
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
	,		
	, Florid , Florid	(Zip Code)	
	12.9/	(24)	

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 = Manager MGRM = Managing Member <u>Title</u> Name **Address Type of Action** MGRM Sharon A. Taylor 4055 Drifting Sand Trail ■ Add Destin, Florida 32541 Remove MGRM Sandra L. Adair 45 White Cliffs Lane **□** Add Santa Rosa Beach, FL 32459 ■ ✓ Remove 🗂 Add Remove ■ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10th December Signature of a member or authorized representative of a member Hutson M. Taylor

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00