L08000032818

Office Use Only



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05/30/08--01036--007 **30.nr

SECRETARY OF STATE



· COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:	Co	ach's Elite Invest	ment Group LLC		
			ited Liability Company)		
The enclose	d Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspor	ndence concerning this matter	to the following:		
		Tona Mas			
(Name of Person)					
Coach's Elite Investment Group LLC					
	<u></u>				
		7530 NW	10th Avenue		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Address)		
		Miami,	FL 33150		
For further	information co	oncerning this matter, please o	all:		
	Tona Masc	on	at (305) 691-6861		
	(Name o	f Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	₩\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) .	Certificate of Status & Certified Copy (additional copy is enclosed)	

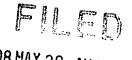
MAILING ADDRESS:

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



08 MAY 30 AM 10: 32

SECRETARY OF STATE TALLAHASSEE FLORIDA

Coach's Elite Investment Group 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 03/3	1/08 and assigned
•	00pany were med on	1700
Florida document number <u>L08000032818</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Coach's Elite Consulting Group The new name must be distinguishable and end with the v "L.L.C."		the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:	1	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter 1	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:

MGR = MGRM	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
		**************************************	Add Remove
			Add Remove
D. If an	nending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	OS MAY 30 AM ID: 32 SECRETARY OF STATE TALLAHASSE! FLORID.
Dated	May 27 , 20	008 M W O/~	
	Signature of a mem	ber or authorized representative of a member	<u></u>
	Tor	na Mason ped or printed name of signee	

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Filing Fee: \$25.00