# L08000056782

(Requestor's Name)				
(Ad	ldress)			
	ldress)			
(//-	(di <b>e33</b> )			
(Cit	ty/State/Zip/Phon	e #)		
_		_		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
•	,	,		
		<del> </del>		
(Ud	cument Number)			
Certified Copies	_ Certificates	s of Status		
	Filt O#!			
Special Instructions to	Filing Officer:			

Office Use Only



300155923783

05/14/09--01007--008 \*\*60.00

09 HAY IL AHII: 34
SECRETARY OF STATE
TALL AHASSEE FLORIDA

MAY 1 5 2009

## SANDRA MINIERE, M.ED.

Personal Life Coach

30612 Nickerson Loop Wesley Chapel, FL 33543 813-994-2297; E-mail: Sandy@co-creativecoach.com

> 12 May 5: 2009

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

To Whom It May Concern

Enclosed are my articles of amendment in order to change the name of my existing company, Leading Excellence, LLC. The new company name will be Co-Creating Excellence, LLC. Also enclosed is a check for \$60.00 to cover the filing fees and certificates.

If you have any questions, please contact me at 813-994-2297 or <u>Sandra@co-creativecoach.com</u>.

Thank you for processing this request.

Sincerely,

Sandra Miniere

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Co-Creatin Name of Limit	a Excellence, Liability Company	LLC - Name Chand
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Sandra	Miniere Name of Person	<del></del>
Co-Crea	ting Excellence	LLC
30612 NIC	Cerson Loop	<del></del>
Wesley C	hapel, FL 3354 City/State and Zip Code	<u> </u>
Sandra C. E-mail address: (to	o-Creating Excellence o be used for future annual report notificat	e, com
For further information concerning this matter, please ca	all:	
Sandra Miniere Name of Person	at ( <u>813</u> ) <u>994-229</u> Area Code & Daytime To	elephone Number
Enclosed is a check for the following amount:		
\$25.00 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

'09 MAY 14 AM 11: 34

		on the Wall: 31
Leading Exc	ellence LLC	SECRETARY OF STATE On OUT records.) TALL AHASSEF FLORID
(Name of the Limited Liab (A Flori	ility Company as it now appears da Limited Liability Company)	on our records.) FALL AHASSEF FLORID
`		
The Articles of Organization for this Limited Liability	y Company were filed on <u>6</u>	9-2008 and assigned
Florida document number <u>L0800005678</u>	2	
This amendment is submitted to amend the following	<b>;</b>	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
Co-Creating Exceller	re LLC.	
he new name must be distinguishable and end with the L.L.C."	words "Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	
Enter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
	<u></u>	
B. If amending the registered agent and/or regestered agent and/or the new registered office a		r records, enter the name of the new
egistered agent and/or the new registered office a	ouress here:	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	F71-	r Florida street address
	Enter	r rioriaa sireel adaress
		, 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 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>	Address	Type of Action	
			Add Remove	
<del></del>	<del></del>		Add Remove	
			Add Remove	
<del></del>	·····		Add Remove	
			En .	
			AddRemove	
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces,	sary.) 	
<u></u>			OS MAY II	
Dated	May 5, 20	109.	14 AMII: 34 ARYOF STATE ASSEE FLORIDA	
	Sandra M	r or authorized representative of a member  inieve l or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00