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DIVISION OF CORPORATION

COVER LETTER

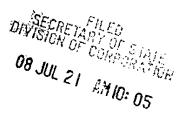
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\$25	5.00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			e following amount:		
<u> 11, 1, </u>	<u>rany</u>	A. Durs (Name of		at (<u>850</u>) <u>434–3541</u> (Area Code & Daytime T	elephone Number)
m: f	fann	A Duras	.	ot (950) 424 2541	
For fur	ther info	ormation co	ncerning this matter, please ca	all:	
			Pensacola, FL 3	2502 (City/State and Zip Code)	
			220 West Garden	(Address)	
			220 Wast Gardan	Street, 9th Floor	
			Moore, Hill & We	(Firm/Company)	
			Tiffany A. Durst	(Name of Person)	CONTROL CONTRO
r lease.	return a	ii correspon	dence concerning this matter	to the following:	
				_	
The en	closed A	Articles of A	mendment and fee(s) are sub	mitted for filing	
			(Name of Limi	ited Liability Company)	
SUBJI	ECT:	Training	g Wheels of N.W. F.		of the State of th
īĢ.		ion of Corp			
TO:	Regis	tration Sec	tion		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

:



Training Wheels of N.W. F.L (<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on _7/8/08	and assigned
Florida document number <u>L08000065912</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida stre	et address)
	(City), Floric	la(Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	Name	Address	Type of Action
_			Add Remove
			Add Remove
_			Add Remove
_			Add Remove
-			Add Remove
		,	
_			Add Remove
		e(s) here: (Attach additional sheets, if necessary.)	Remove
_MG	RM Debora R. Hayes needs to		Remove
_MG	RM Debora R. Hayes needs to	be changed to Debra R. Hayes. The	Remove

Page 2 of 2

Filing Fee: \$25.00