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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 21 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corp	orations			
SUBJECT: C		TING AND TRAINII ted Liability Company	NG LLC	
	mendment and fee(s) are sub	_		
		LINDA G.T. PARKS		
		Name of Person		
PARKS DE FILIPPO & ASSOCIATES PA				
		Firm/Company		•
	20310	OKOUT PLACE, SUIT	ΈA	
	Address			
			- 4	% E
	MAI	FLAND, FLORIDA 3275 City/State and Zip Code	51	HV777
	I DA	RKS@PDA-CPA.COM	A	ASS
		to be used for future annual repor		
For further information cor	ncerning this matter, please o	all:		
LINDA	G.T. PARKS	407	539-1330	Ale Ribe
Name of I		at (407) Area Code & D	Paytime Telephone Number	<u></u>
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Status &
	-	٦		
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations 6 6327 see, FL 32314	Registration S Division of C Clifton Build	Corporations ing ve Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL CONSULTI	NG AND TRA	INING LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appe d Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Compa	ny were filed on	JULY 28, 2008	and assigned	
Florida document numberL08000072348				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company h	ere:		
SPLASH OF	YOUTH LLC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Com	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>	
			94	
			ASS.	
Enter new mailing address, if applicable:			SE SE	
(Mailing address MAY BE A POST OFFICE BOX)			39 B	
			S & D	
B. If amending the registered agent and/or registered	office address on	our records enter th	of the new	
registered agent and/or the new registered office address h		our records, enter the	te traine of the new	
Name of New Registered Agent:				
New Registered Office Address:			·	
	Enter Florida street address			
	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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KRISTIN BREE SNYDER	5111 GREAT OAK LANE SANFORD, FLORIDA 32771	Add Remove
<u>.</u>			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter	change(s) here: (Attach additional sheets, if nece	ssary.)
_	PHILIP A. SNYDER WILL REM	AIN A MEMBER BUT IS NO LONGER A AMENDMENT.	O9 JUL 20 PH
_ Dated	JULY 15	2009	PM 3: 51 OF STATE E. FLORIDA
		PHILIP A. SNYDER Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00