

L08000110254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP 15 2009

EXAMINER



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09/14/09--01046--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 SEP 14 PM 3:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thought Leader Alliance
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim-lee Arvary
Name of Person

Thought Leaders Alliance
Firm/Company

7626 Greenbrick Circle
Address

Port St. Lucie, FL 34984
City/State and Zip Code

drewgarvary@yahoo.com
E-mail Address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drew Arvary at (888) 215-0645
Name of Person Area Code & Daytime Telephone Number

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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 14 PM 3:06

Thought Leader Alliance

(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 12-01-08 and assigned
Florida document number L08000110254.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Thought Leaders Alliance

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kim-Le Arvary

New Registered Office Address:

7626 Greenbriar Circle

Enter Florida street address

Port St. Lucie

City

Florida

34984

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.

Kim-Le Arvary

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

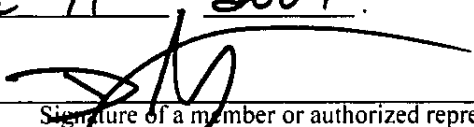
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Drew Gary Arvary</u>	<u>7624 Greenbriar Circle</u> <u>Port St. Lucie, FL 34984</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Kim-Le Arvary</u>	<u>7624 Greenbriar Circle</u> <u>Port St. Lucie, FL 34984</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Thought Leaders Alliance

Dated September 11, 2009


Signature of a member or authorized representative of a member

Drew Gary Arvary

Typed or printed name of signee