L09000039884

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
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Office Use Only

May 20, 2009

To Whom it May Concern,

I am submitting this amendment to change the name of my LLC from , "CPR Training and More" to the new name, "Life Preservers CPR Training and More".

I have included the amendment documentation. Please contact me if you have any questions.

Thank you for your time, Ronda M. Ayala

Cell: 561-827-0861

Home: 561-642-9014

Address:

Ronda Ayala

9777 Saddle Ct.

Lake Worth, Fl. 33467

COVER LETTER

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

	· F. D
09 HAY 27	AHII
SECRETARY	nn

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CPP TVO	lining	and	Move	TALLAH	TARY UF STATE
(Name of the Limited	Liability Compa	ny as it now ap	pears on our rec	ords.)	- CONIDA
(A	Florida Limited L	lability Compa	ny) 1	1	
The Articles of Organization for this Limited Li	ability Company	were filed on	4/21	109	and assigned
Florida document number	VXXX398	84		•	
		•			
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company	here:		: 1 ^
Life Preservers C	PR Tr	aining	and r	nore	UL
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Co	ompany," the desi	gnation "LL	C" or the abbreviation
Enter new principal offices address, if applica	able:	MA		-	
(Principal office address MUST BE A STREE	T ADDRESS)				
		مرا د .			
Enter new mailing address, if applicable:		MA			
(Mailing address MAY BE A POST OFFICE)	BOX)				
					6.43
B. If amending the registered agent and/or the new registered of			on our records	s, <u>enter th</u>	e name of the new
registered agent und/or the new registered of	\	<u>-</u> -			
Name of New Registered Agent:	NH				
New Registered Office Address:			Enter Florida	street addre	266
	Enter Florida street address				
	·	City	, F	lorida	Zip Code
		cuy			Lip Coue

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name 7 1 1 0	Address	Type of Action
	<u> </u>		——————————————————————————————————————
			D Damage
			Add Remove
			Add Remove
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D. If amend	3 A 1	ge(s) here: (Attach additional sheets, if neces	
_ _ _			O9 MAY 27 SECRETAR TALLAHASS
Dated	ay 20, 20 Roya W	1. Augala	I I F F TATE ASSEE FLORIDA
	Signature of a member Ronda	or authorized representative of a member M. Augusta d or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00