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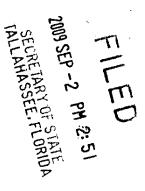
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C. LEWIS

SEP 3 2009

EXAMINER

COVER LETTER

TO:	egistration Section livision of Corporations	
	NEW DIRECTIONS OF CENTRAL FLORIDA, LLC	
SUBJI	Name of Limited Liability Company	
The en	sed Articles of Amendment and fee(s) are submitted for filing.	
Please	arn all correspondence concerning this matter to the following:	
	Jack N. Chappell	
	Name of Person	
	New Directions of Central Florida, LLC	
	Firm/Company	
	9425 SE Hwy. 42	
	Address	
	Summerfield, FL 34491	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	information concerning this matter, please call:	
	John Q. Adams II, CPA at (352) 237-3200 Name of Person Area Code & Daytime Telephone Number	
Enclos	s a check for the following amount:	
\$25	Filing Fee \$\ \begin{array}{c} \$30.00 \text{ Filing Fee & } & \begin{array}{c} \$55.00 \text{ Filing Fee & } & \begin{array}{c} \$60.00 \text{ Filing Fee,} \\ Certificate of Status & \\ (additional copy is enclosed) \end{array} \text{ Certified Copy } \\ (additional copy is enclosed) \end{array}	.)

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

2009 SEP -2 PM 2: 52

NEW DIRECTIONS OF CENTRAL FLORIDA, LLC
SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records.)
ALLAHASSEE, FLORIDA
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company were filed on	April 23, 2009	and assigned
Florida document numberL090004042	<u>1</u> .		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street addr	ess
_		, 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 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 Title <u>Name</u> <u>Address</u> Type of Action **MGRM** Tracy C. Ajar 695 NE 100th Street ☐ Add Ocala, Fl. 34479 ✓ Remove Scott Evan Spagnolo-Hye MGRM ✓ Add 4815 Sawgrass Lake Circle Leesburg FL 34748 ☐ Remove \prod Add Remove Add Remove □Add Remove $\neg Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change in above MGRM's to be effective August #2, 2009. 2009 Dated Signature of a member or authorized representative of a member JACK N. CHAPPELL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00