## L09000045107

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Rusiness Entity Name)					
(Business Entity Name) LO9-45100					
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10 FEB | 1 AM | 1: 02 SECRETARY OF STATE ALLAHASSEE, FLORID,

## **COVER LETTER**

ļ0;	Division of Corp		• • • • • • • • • • • • • • • • • • •	,
SUBJE	CCT:	Cornerstone Le	adership Alliance, LL0	
5050			ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
			Terri J. Cluney	
			Name of Person	
Cornersto			one Leadership Alliance,	LLC
			Firm/Company	
	301 King George Drive			
	Address			
City/State and Zip Code				
		terri@corne E-mail address: (1	erstoneleadershipalliance to be used for future annual report no	c.com tification)
For fur	ther information co	oncerning this matter, please c	all:	
		erri Cluney	at ( 863 )	242-1382
	Name of	Person	Area Code & Dayt	me Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>▼\$2</b> 5	.00 Filing Fee	[]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COU Registration Sec	RIER ADDRESS:	

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



February 2, 2010

TERRI J. CLUNEY 301 KING GEORGE DRIVE DAVENPORT, FL 33837

SUBJECT: CORNERTONE LEADERSHIP ALLIANCE, LLC

Ref. Number: L09000045107

We have received your document for CORNERTONE LEADERSHIP ALLIANCE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 310A00002630

Neysa Culligan Regulatory Specialist II

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 FEB II AMII: 03

SECRETARY OF OTHER

(Name of the Limited Lie)	e Leadership Alliance	S on our records. PASSEE, FLORIDA	
(A Flor	rida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liabil Florida document number	• • •	May 08, 2009 and assigned	
This amendment is submitted to amend the following	g;		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
Cornersto	ne Leadership Alliance, L	LC	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	nny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	4		
(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 r registered agent and/or the new registered office	<b>Q</b>	our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
_	Enter Florida street address		
_	<del> </del>	, 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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member	,, •	
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessar	FILED  10 FEB I AM II: 03  SECONETARY OF STATE FALLAHASSEE, FLORIDA
Dated	January 27 ,2	2010 .	
	- Jan	J. Clynes	
	Signature of a memb	r authorized representative of a member Terri J. Cluney	
	Турс	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00