

LOG9000084153

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SANDRA ROLON & ASSOCIATES, CPA, PA
Account Number : I19980000068
Phone : (954) 437-0700
Fax Number : (954) 436-8195

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHARPENZ, LLC

Certificate of Status	0
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Corporate Filing Menu

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B. BOSTICK

DEC - 4 2013

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SHARPENZ, LLC

(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 08/31/2009 and assigned
Florida document number L09000084155.

This amendment is submitted to amend the following:

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

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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>
MGR	NANCY BLEEKE	W155 S8003 FOXBORO CIRCLE	<input type="checkbox"/> Add
		MUSKEGO, WI 53150	<input checked="" type="checkbox"/> Remove
MGR	SALES TRAINING CONSULTANTS, INC.	7900 GLADES ROAD	<input checked="" type="checkbox"/> Add
		SUITE 430	<input type="checkbox"/> Remove
		BOCA RATON, FL 33434	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

Dec. 3. 2013 2:42PM

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

Dated _____

Alice Kemper

Signature of a member or authorized representative of a member

ALICE KEMPER

Typed or printed name of signer

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