## L09000088748

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
·	,	
(Cit	y/State/Zip/Phone	o #\
(0).	yrotaterzipit none	C #)
PiCK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified.Copies <u>(Carrier</u>	_ Certificates	s of Status <u>i waa aa</u>
	_	
Special Instructions to	Filing Officer:	
·		





900161461869

10/19/09--01008--021 \*\*25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

BET 2 0 2009

EXAMINER

## **COVER LETTER**

Registration Section

Division of C	orporations		
SUBJECT:	The Sma	arter Trainer LLC	,
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
		Victoria Rochford	
		Name of Person	
	Th	e Smarter Trainer LLC	
		Firm/Company	
		510 Bianca Ct	
		Address	
	Alta	monte Springs FL 32701	
		City/State and Zip Code	
	roc	hford@mindspring.com to be used for future annual report to	
	E-mail address: (	to be used for future annual report r	otification)
For further information	concerning this matter, please of	eali:	
Vid	toria Rochford	at ( 407 )	810-1557
	of Person	Area Code & Day	time Telephone Number
Enclosed is a check for	the following amount:		
<b>✓</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COL Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	<u>The Smarter Trainer LL</u>	.C	
( <u>Name of the Limite</u> (	d Liability Company as it now ac A Florida Limited Liability Compa	pears on our records.) ny)	<del></del>
The Articles of Organization for this Limited Florida document number	• •	September 15, 2009	_ and assigned
Florida document mainter			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Co	ompany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Parks and the state of the stat	<del> </del>		SEGRETI IVISION O
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u></u>		9 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter the</u>	name <b>9</b> the S
Name of New Registered Agent:	Victoria M. Rochford		
New Registered Office Address:	Same ad	dre 55 Enter Florida street addres	S.S.
			•
	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

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** Name 1 <u>Address</u> Type of Action Victoria M. Rochford MGRM ✓ Add
□ Remove The Smarter Trainer LLC 510 Bianca Ct\_\_\_\_ Altamonte Springs, FL 32701 Karen S. Hays MGRM 509 Savona Ct ✓ Add Altamonte Springs, FL 32701 Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 13 2009 Dated \_\_\_ Signature of a member or authorized representative of a member Victoria M. Rochford Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00