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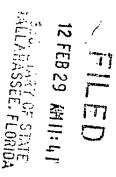
·(Re	equestor's Name)		
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D. BRUCE
MAR 0 1 2012
EXAMINER

COVER LETTER

TO: Registration Section of Corp		iv
SUBJECT:	S TRAINING, LLC	
SUBJECT:		ed Liability Company
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.
Please return all correspon	dence concerning this matter	to the following:
	-m-, .	LYN CIAFFONE
	Name of Person	
TAX & FINANCIAL STRATEGISTS, LLC		ANCIAL STRATEGISTS, LLC
	Firm/Company	
28089 VANDERBILT DRIVE, SUITE 201		DERBILT DRIVE, SUITE 201
		Address
	BONI	TA SPRINGS, FL 34134 ₽
		City/State and Zip Code
	ly	n@wondertax.com be used for future annual report notification)
For further information cor	e-mail address: (to	
Name of I	CIAFFONE Person	at (239) 405-8395 FFF 77 Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations 6327 see, 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

D WINTE	RS TRAINING, LLC	<u>; </u>
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C	ompany were filed on NO	VEMBER 23, 2009 and assigned
Florida document numberL09000112498	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here	:
TOTAL ATHLET	IC PERFORMANCE, L	LC
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		12 FEB
(Mailing address MAY BE A POST OFFICE BOX)		\$\$\frac{2}{8}\frac{2}{
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	ered office address on ou ress here:	r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Eur	Florida atomat address
	Ente	er Florida street address
	City	, Florida
	City	zip couc

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 ≕ M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		Add Remove
			Add Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	ary.)
- - -			FILED FEB29 MIIIII
Dated	FEBRUARY 24 ,,	012	
	Signature of a member	er or authorized representative of a member	
		OYLAN WINTERS	
	Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00