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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

SEP 0 6 2011

COVER LETTER

| Division of Co | rporations | | | | | |
|---------------------------|--|---|-----------|----------------------|----------|---------------|
| SUBJECT: | Human Perfo | rmance Mentors, LLC | | | | |
| | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | | | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | | | |
| | | Michael A. Cooper | | _ | | |
| • | , | Name of Person | | | | |
| | Human | Performance Mentors, LLC | | | | |
| | | Firm/Company | | - | | |
| | | 8833 NW 70th Court | | | | |
| | | Address | | ≓ | 2 | |
| | | Parkland, FL 33067 | | SECR | 2011 SEP | V anta |
| | | City/State and Zip Code | | AY. A.J. | Ę | 1 |
| | michael@h | umanperformancementors.co | m | TARY ASSEI | -2 | |
| For further information | concerning this matter, please | • | on | GFSTATE E. FLORID | AH 8: | |
| Mich | nael A. Cooper | at (239) 38 | 4-2816 | RIDA | 52 | • |
| | of Person | Area Code & Daytime Te | | Г | | |
| | | | | | | |
| Enclosed is a check for t | the following amount: | | • | | | |
| ₹25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Stati | | sed) |
| Regist | ING ADDRESS: ration Section | STREET/COURIER Registration Section | | | | |
| Division of Corporations | | Division of Corporation | ns | | | |

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Human Per | formance Mentors, | LLC | |
|--|---|-----------------------------|---|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appear a Limited Liability Company) | rs on our records. | |
| The Articles of Organization for this Limited Liability Florida document numberL10000031691 | Company were filed on | 3/22/2010 | and assigned |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the line | nited liability company hou | | |
| A. If amending hame, enter the new hame of the in | mited hability company her | <u>e</u> . | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Compa | ny," the designation "l | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | · Lp. (42-7-4) | |
| (Principal office address MUST BE A STREET ADD | PRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | 2011 SEP -2 A SECRETARY OF TALLAHASSEE. |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office ad | | our records, <u>enter (</u> | Frame of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | En | ter Florida street add | lress |
| | | | |
| | 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--|---|--|--------------------|
| MGRM | Jason A. Knighton-Johnson | 739 Park Brook Road Isanti, MN 55040 | Add Z Remove |
| - Programa de l'alle de l | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | ····· | | Add Remove |
| D. If amend | ling any other information, enter chang | e(s) here: (Attach additional sheets, if necessary | FIL SECRETARY O |
| | | Ş | AH 8: 52 |
| Dated | 1/2/0 | <u>111</u> . | |
| | | or authorized representative of a member A . Cooper or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00