Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001894553)))



H100001894553ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)617-638

AUG 25, 2010

From:

Account Name

: WASHINGTON & ASSOCIATES,

Account Number : I20090000070

: (786)220-6527

Phone Fax Number

: (305)749-8989

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address.	:					

RECEIVED
10 AUG 24 PH 12: 07
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN I AM A NEW CREATION MENTORING CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Heln

AUG 24 AM 8: I

Registration Section

TO:

## **COVER LETTER**

Division of Cor	porations		
I AM	A NEW CREATIC	N MENTORING CENT	FRIIC
SUBJECT: I AN		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	ubmitted for filing.	
	ndence concerning this matte		
rions retain an berrespe	nounce concenting this minit	si to mo tono migi	
		Lynn C. Washington	
		Name of Person	
	lesW.	hington & Associates, P.A.	
	17401	Finn/Company	<del> </del>
	2201	NE 1st Avenue Suite M-501	
	33011	Address	
		A.V	
	· · · · · · · · · · · · · · · · · · ·	Miarni, Florida 33137 City/State and Zip Code	
	iwas	shington@walaw.us.com	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please (	call;	
Lynn (	C. Washington	st ( 305 )	5732929
Name of		at ( 305 ) Area Code & Daytime	Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fec	Certificate of Status	555.00 filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I AM A NEW CREATION MENTORING CENTER, LLC

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appeability Company	ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	August 10, 2010	and assigned
Florida document numberL10000083640			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company h	ere:	
I AM A NEW CRE			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Com	pany," the designation "LL	.C" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
•			
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or registered offic	ce address on	our records, enter the	name of the nev
registered agent and/or the new registered office address here:		•	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			
	E)	nter Florida street addre.	5.5
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ac company has been notified in writing of this change.	ie performance ovided for in C	of my duties, and I am hapter 608, F.S. Or, if	familiar with and this document is

Page 1 of 2

If Changing Registered Agent, Signature of New Regists

MGR = Manager

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:

	<u>Name</u>	Address	Type of Actio
			Add Remove
	<del></del> .		Add Remove
			Add Remove
<del></del>			Add Remove.
			Add Remove
			Add Remove
. If amenc	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
			_
			- - -
			- - -
nted	August 24 , 20 AMC UD	or authorized representative of a member	- - -

Page 2 of 2 Filing Fee: \$25.00

4 10000 189455 3