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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

MAR 15 2011

EXAMINER

C/D. 19809

COVER LETTER

Division of Corporations
SUBJECT: Typer Summet Coaching LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laura Berger Namedi Person
The Berdeo Group LLC Firm/Company
722 S. Oakley Blud #3
Chicago, II 60612 City/State and Zip Code Lberger & Derd coaroup. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code Logar & Devolution Devolution E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (312) 714-9808 ST
Enclosed is a check for the following amount:
\$30.00 Filing Fee & Sign Sign Sign Sign Sign Sign Sign Sign

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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

Inner Summit					
(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 Compa Florida document number 24-4249641.	any were filed on Dec 10,2010 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
The new name must be distinguishable and end with the words "L	imited 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)	ZOIL SECRE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TARY OF STATE ASSEE, FLORIDA				
registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> lere:				
Name of New Registered Agent: $\sqrt{\Delta}$					
New Registered Office Address: U/A	Enter Florida street address				
<u> </u>	, Florida NIA				
New Registered Agent's Signature, if changing Registered Age	City Zip Code nt:				

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 = Ma MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
	N/A		Add Remove
	NIA		Add
	NA		ZOLL Addi
	N/A		TARY BARRETTOVE
	N/A		Add Remove
D. If amen	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	 v.)
_	,		
Dated	2-28-11	·	
	-	ember or authorized representative of a member	
		a Bevger Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00