## L11000014503

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(Address)					
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(City/State/Zip/Phone #)					
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(Document Number)					
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EXAMINER					

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## **COVER LETTER**

TO:	Registration Section Division of Corpo					
SUBJEC	CT:	SEEKNAY TRA	AINING CENTER, L	LC		
			ited Liability Company	-		
The encl	losed Articles of Ar	mendment and fee(s) are su	bmitted for filing.			
Please re	eturn all correspond	lence concerning this matte	to the following:			
			K. JUDITH LANE		-	
			Name of Person			
		н	ALIFAX LAW GROUP		2011 FEB 11 SEGRETAR TALLAHASS	
			Firm/Company		FEB FEB	
		444 SEABR	EEZE BOULEVARD, S	SUITE 910		
			Address			
		DAY	TONA BEACH, FL 321	18	PM I2: 2! Y OF STATE EE. FLORIG	****
	City/State and Zip Code				apm on	
		SBEST@	HALIFAXLAWGROUF to be used for future annual repor	P.COM		
For furth	ner information con-	cerning this matter, please	ŕ	,		
	SHE	LBY BEST	at (_386_)_	492-4880		
	Name of P	erson		Daytime Telephone Number	r	
F 1		6 N				
	l is a check for the	-				
<b>₹</b> \$25.0	00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ate of Status &	<b>d</b> )
		G ADDRESS:	STREET/CO	DURIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327		Division of C Clifton Build	Corporations			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SEEKNAY TRAINING CENTER, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 2/3/2011 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned L11000014503 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 1134 RIDGEWOOD AVENUE (Principal office address MUST BE A STREET ADDRESS) HOLLY HILL, FL 32117 1134 RIDGEWOOD AVENUE Enter new mailing address, if applicable: HOLLY HILL, FL 32117 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	
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Dated	/ M	d11	
	N 17	r or authorized representative of a member  C. JUDITH LANE d or printed name of signee	

Filing Fee: \$25.00