L11000118062

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone) #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

MAR - 4 2014

T. BROWN

COVER LETTER

TO: Registration Division of C	Section Corporations
SUBJECT: Chan	ge the name of business, Ideal Protocol Training LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	Jeanne Duran
	Name of Person
	Complete Protocol Training LLC
	Firm/Company
	5852 Lake Champlain Drive
	Address
	Orlando, Fl. 32829
	City/State and Zip Code
	duranj03@gmail.com E-mail address: (to be used for future annual report notification)
For further information	n concerning this matter, please call:
Jeanne D	uran at (321) 279 6806 Area Code Daytime Telephone Number
Nan	e of Person Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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**

THE PROPERTY OF THE PARTY OF TH

Ideal Protocol Training, LLC

(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 Liab	oility Company were	filed on October	17, 2011	and assigned
Florida document number L11000118062	·			
This amendment is submitted to amend the follow	ving:			EFFECTIVE DATE
A. If amending name, enter the new name of the	he limited liability o	ompany here:		,
Complete Protocol Training LLC				
The new name must be distinguishable and end with the wo	ords "Limited Liability C	ompany," the designatio	n "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)	 .		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	ox) —			
Transing unity case in the party of the part		"		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	r registered office ce address here:	address on our re	cords, enter	the name of the new
New Registered Office Address:				
		Enter Florida street	address	,
			_, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Re	•			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the ch	and complete perf ered agent as provi gistered office addi	ormance of my duti ded for in Chapter	es, and I am fo 605, F.S. Or, i	amiliar with and if this document is
	If Changing	Registered Agent Sign	ture of New Rec	vistered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

itle	<u>Name</u>	<u>Address</u>	Type of Action
	<u> </u>	-	□ Add
			□ Remove
			_ _ Add
			□ Remove
			Add
			□ Remove
		-	
			Remove
			□ Add
			□ Remove
			
			☐ Add

D. If amend	ading any other information, enter change(s) here: (Attach o	additional sheets, if necessary.)
(The effective	ve date, if other than the date of filing: March 4th, 2 tive date must be specific, cannot be prior to date of receipt or filed date and	014 (optional) cannot be more than 90 days after
the date the Dated 2	this document is filed by the Florida Department of State)	
	Signature of a member or authorized represe	entative of a member
	Jeanne Duran Typed or printed name of si	Juras

Page 3 of 3

Filing Fee: \$25.00