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B. BOSTICK
MAY 31 2012
EXAMINER

COVER LETTER

Division of Cor						
SUBJECT:	EWT	rainers LLC				
	Name of Limi	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
		Frederick Lehmann				
		Name of Person				
		EWTrainers LLC				
		Firm/Company				
		1377 Secretariat PI				
	· · · · · · · · · · · · · · · · · · ·	Address				
	Chul	uota, Florida 32766-8	810			
		City/State and Zip Code				
	fleh	mann@ewtrainers.co	om notification)		12	
For further information of	concerning this matter, please of	•	ort incinication)	Lines	HAY 2	ener.
Fred	erick Lehmann	at (407)	421-1019	SEE	ے حد	100 E
	f Person	Area Code &	Daytime Telephone Number	WHASSEE FLORIDA	12 HAY 29 - AH 11: 27	eun -
Enclosed is a check for the	he following amount:			***		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certified	ate of Statu		sed)

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

	EWTrain					
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)			
The Articles of Organization for this Limited I	Liability Company	were filed on <u>Janu</u>	ary 11, 201	2 ar	nd assi;	gned
Florida document numberL1200000	5226					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," th	ne designation '	'LLC" o	r the at	bbreviation
Enter new principal offices address, if appli	1377 Secretariat F	ય				
(Principal office address MUST BE A STREET ADDRESS)		Chuluota, Florida 32766-8810				
				<u> </u>	12	
						Tan .
Enter new mailing address, if applicable:		1377 Secretariat F	7); ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	29	Marin gari h
(Mailing address MAY BE A POST OFFICE BOX)		Chuluota, Florida	32766-8810) [H].	227	<u> </u>
				70.		184
				물	F-9	
B. If amending the registered agent and registered agent and/or the new registered of	/or registered of office address her	ffice address on our re <u>re</u> :	cords, <u>enter</u>	the na	me of	the new
Name of New Registered Agent:	Frederick L	ehmann				·····
New Registered Office Address:	1377 Secre	etariat Pl				
	Enter Florida street address					
		Chuluota F		32766-8810		
		City		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 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 MGRM = Managing Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM	Phyllis D Walsh	2050 Citrus Cove Drive Oviedo, Florida 32765	Adc ✓ Remove
			Add Remove
			Add Remove
			Add Remove
	-		Add Remove
	**************************************		Add Remove
D. If amend	ding any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)	
- skinner			12 111
Dated	24 May	_,2012	Y29 AHH:27
	Signature of	of a member or authorized representative of a member	
		Frederick Lehmann	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00