

# L 12000024669

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

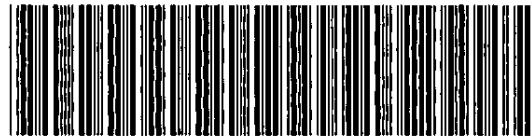
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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RECEIVED

13 AUG 30 PM 1:51

DIVISION OF CORPORATIONS

FILED

13 AUG 30 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 03 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 783598 7936809

AUTHORIZATION : *Heleman*

COST LIMIT : \$ 25.00

ORDER DATE : August 30, 2013

ORDER TIME : 1:27 PM

ORDER NO. : 783598-005

CUSTOMER NO: 7936809

DOMESTIC FILING

NAME: AMBER WIDE WATER HOLDINGS,  
LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
13 AUG 30 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Second Bankruptcy Course, 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 Liability Company were filed on February 20, 2012 and assigned  
Florida document number 200221667642#12000024669

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:**

<u>Name of New Registered Agent:</u>	<u>Corporation Service Company</u>
<u>New Registered Office Address:</u>	<u>1201 Hays Street</u>
	<i>Enter Florida street address</i>
	<u>Tallahassee</u> , <u>Florida</u> <u>32301</u>
	<i>City Zip Code</i>

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Karl Frydryk	Credit Infonet, Inc.	<input checked="" type="checkbox"/> Add
		4540 Honeywell Court	<input type="checkbox"/> Remove
		Dayton, OH 45424	
MGR	Robert A. Williams	eLearning Systems, LLC	<input type="checkbox"/> Add
		2818 Shipston Avenue	<input checked="" type="checkbox"/> Remove
		New Port Richey, FL 34655	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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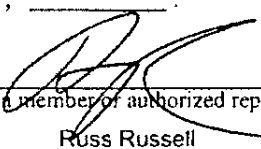
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Dated August 30, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Russ Russell

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**