

L/2000063434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

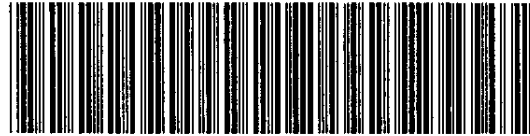
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Our Training Center, 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:

JON MCGRAW

Name of Person

R. WILLIAM FUTCH PA

Firm/Company

610 SE 17TH STREET

Address

OCALA FLORIDA 34471

City/State and Zip Code

JMCGRAWLAW@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JON MCGRAW

Name of Person

352 732-8080

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OUR TRAINING CENTER 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 05/10/2012 and assigned Florida document number L12000063434.

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)

4785 NW HWY 225A

OCALA, FLORIDA 34482

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4785 NW HWY 225A

OCALA, FLORIDA 34482

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CLERK OF CIRCUIT COURT
FLORIDA
CLERK OF CIRCUIT COURT
FLORIDA

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: JON I. MCGRAW, ESQUIRE

New Registered Office Address: 610 SE 17TH STREET

Enter Florida street address

OCALA, Florida 34471

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STEVEN H. GRAY	125 NE 1ST AVENUE	<input type="checkbox"/> Add
		SUITE 1	<input checked="" type="checkbox"/> Remove
		OCALA FL 34470	
MGRM	TAMI BOBO	4785 NW HWY 225A	<input checked="" type="checkbox"/> Add
		OCALA FL 34482	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 APR 30 AM 10:04
HALL COUNTY, FLORIDA
CLERK OF COURT

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

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.....
.....
.....

Dated August 9, 2013

Signature of a member or authorized representative of a member
JON I. MCGRAW, ESQUIRE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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