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12/27/13--01014--018 **30.00



COVER LETTER

TO: Registration S Division of Co		s the growing the de-	4/ 46	
SUBJECT: THE N	ATIONAL ACADEMU Name of Limit	OF EXPERTS WRITERS, ed Liability Company	AND SPEAKERS	i uc
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	lisa K	Erics		
		Name of Person		
	DICKS +	NANTON P.A. Firm/Company		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	500 N. DI	rlando Auc. #2		
	Winter	Paul, R 32789		
		City/State and Zip Code		
	E-mail address: (t	O DN AGENCY . COM o be used for future annual report notificati	ion)	
For further information	concerning this matter, please ca	l all:	SEC.	교 유
<u>lisa</u> Kepi	ර	at (467) 215-773	MASS	2
Name	of Person	Area Code & Daytime Te	elephone Number	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Enclosed is a check for	the following amount:			ದು ಈಡಿ ⊭ಿಕ್ಕ
□ \$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	

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 NATIONAL ACADEMY OF EXPERTS, WRITERS & SPEAKERS UC (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 Con	mpany were filed on	5 29	1013	and assigned
Florida document numberLI30000 17415	·		(0
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company he	<u>re</u> :		
THE NATIONAL ASSOCIATION OF EXP	ERTS. WRITER	S. AND	SPEAKE	es uc
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Comp.	any," the de	esignation "Ll	LC" or the abbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	CSS)			
_			IM.	<u> </u>
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			 درتر	C) C
			7/2 (1)	
			717	THE THE
B. If amending the registered agent and/or register		our recor	ds, enter th	e name of the nev
registered agent and/or the new registered office addre	ss here:		200	<u> </u>
			.12	
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida	a street addr	ess
			Florida	
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			Add
			Remove
			Add
			Remove
		7	Remove
		Co.C.	- 27
			Add
		FI.ORIDA	Remove
			_
			Add
			Remove
			- — —
			Add
			Remove

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_	DECEMBEL	20	_, 2013
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			of a member or authorized representative of a member
			anton, esq.

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Filing Fee: \$25.00

TALLAHASSEE, FLORIDA