

L13000137478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

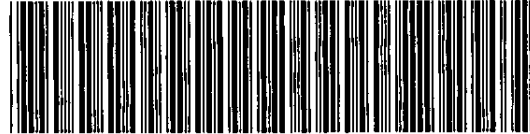
(Business Entity Name)

(Document Number)

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2015 JUL 13 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Gulligan JUL 15 2015

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

Valare Leadership International, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Milofsky

Name of Person

Firm/Company

282 Old Bedford Rd

Address

Concord MA 01742

City/State and Zip Code

milofsky.donna@gmail.com

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

For further information concerning this matter, please call:

Donna Milofsky

Name of Person

at (978) 697-6846

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2015 JUL 13 AM 8:33

Volare Leadership International 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 9/30/2013 and assigned  
Florida document number L13000137478

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 contain 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

| <u>Title</u>             | <u>Name</u>               | <u>Address</u>                 | <u>Type of Action</u>                              |
|--------------------------|---------------------------|--------------------------------|--|
| <u>MGR</u>               | <u>Regina Hellinger</u>   | <u>2715 Runyon Circle</u>      | <input type="checkbox"/> Add                       |
|                          |                           | <u>Orlando FL 32837</u>        | <input checked="" type="checkbox"/> Remove         |
|                          |                           |                                | <input type="checkbox"/> Change                    |
| <u>Managing Director</u> | <u>Isabella de Martin</u> | <u>10411 Mountain Quail Rd</u> | <input type="checkbox"/> Add                       |
|                          |                           | <u>Silver Spring, MD</u>       | <input type="checkbox"/> Remove                    |
|                          |                           | <u>20901</u>                   | <input checked="" type="checkbox"/> Change (Title) |
| <u>Co-Director</u>       | <u>Donna Milofsky</u>     | <u>282 Old Bedford Rd</u>      | <input type="checkbox"/> Add                       |
|                          |                           | <u>Concord MA</u>              |  |
|                          |                           | <u>01742</u>                   | <input type="checkbox"/> Remove                    |
|                          |                           |                                | <input checked="" type="checkbox"/> Change (Title) |
|                          |                           |                                | <input type="checkbox"/> Add                       |
|                          |                           |                                | <input type="checkbox"/> Remove                    |
|                          |                           |                                | <input type="checkbox"/> Change                    |
|                          |                           |                                | <input type="checkbox"/> Add                       |
|                          |                           |                                | <input type="checkbox"/> Remove                    |
|                          |                           |                                | <input type="checkbox"/> Change                    |
|                          |                           |                                | <input type="checkbox"/> Add                       |
|                          |                           |                                | <input type="checkbox"/> Remove                    |
|                          |                           |                                | <input type="checkbox"/> Change                    |

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

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2015 JUL 13 AM 8:33  
CLERK OF DISTRICT COURT  
ALBUQUERQUE, NEW MEXICO

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 7, 2015, \_\_\_\_\_



Donna Milofsky  
Typed or printed name of signee