L160000 61139

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COVER LETTER

TO: Registration S Division of Co			
NPEC3, L SUBJECT:	rc		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Gregory Owens		
		Name of Person	
	NPEC3, LLC		
	3932 040 Paumandaum Pa	Firm/Company	
	3832-010 Baymeadows Ro	oad, #370	
	Jacksonville, FL 32217	Address	
	GregoryOwens@NPEC3cor	City/State and Zip Code nsultantcoach.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all:	
Gregory Owens		904 504-0433 at ()	
Name o	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for t	he 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

NPEC3, LLC	<u> </u>		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L16000061139	were filed on December 4, 2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
True North Executive Coaching and Consulting Company, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4873 Jaybird Circle N		
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32257		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:	JALL SEC		
New Registered Office Address:	Enter Florida street address Florida Florida City AHCI HE AHCI HE TO TO TO TO TO TO TO TO TO T		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Change
			☐ Add
			Remove
			Change
			Remove
			Change
			Dadd
			A RemoR
			Change P. SSECTION Change
			PAIZA A
		-1	Remove
			Change
			Add
			□ Remove
			□ Chanve

	<u> </u>			
			IAU: 20	
			DEC CAL	7
			10 Ph	П
			PHIZ: 18	
			>	
Effective date, if other than the date of f an effective date is listed, the date must be specific Note: If the date inserted in this block does redocument's effective date on the Department	not meet the applicable	ate of filing or more than 90 da statutory filing requiremen	(optional) ys after filing.) Pursuant to 605. its. this date will not be liste	.0207 (3 ed as th
e record specifies a delayed effective. The 90th day after the record is fil		n effective time, at 12	::01 a.m. on the earlie	er of:
Dated December 4, 2018	,			

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Typed or printed name of signee

Filing Fee: \$25.00