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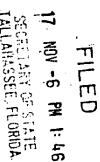
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## **COVER LETTER**

TO: Registration Se Division of Corp		·	
SUBJECT:C	ompassionate T	raining Specialtie	SLLC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Beverly S	Patten Name of Person	
	Compassi	onate Training St	perialties LLC
	16970 San	Carlos Blvd 160-2	56
	Fort Myer	S, F L 33908	
	DDSPhp B-mail address: (	a amail . Com to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Bever Name of	ly Patten Person	at (239) 770- Area Code Daytime	4090 Telephone Number
Enclosed is a check for th	e 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

Compassionate Tra  (Name of the Limited Liability Compa- (A Florida Limited L	ining Specialties L ny as it now appelars on our records.)	LC_	
(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company	were filed on May 16, 2010	and assigned	
Florida document number <u>L1600009926</u> 7			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	llty company here:		
Consulting and Training S The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be	Specialties LLC ity 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)	No change		<u>-</u>
	<u></u>		-
Enter new mailing address, if applicable:			_
Mailing address MAY BE A POST OFFICE BOX)	No change		_
			_
B. If amending the registered agent and/or registered of		r the name of the	new
registered agent and/or the new registered office address here	<b>:</b>	SASS TALL	
Name of New Registered Agent:	No change	A ST	
New Registered Office Address:	•	-6 -6	, 
	Enter Florida street address	D F STAT FLORE	
<del></del>	, Florida	₩ = EXD Code	-
	Cny.	S zap Come	

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

or removed from our records: No changes MGR = Manager AMBR = Authorized Member Address **Title** <u>Name</u> Type of Action \_□ Add □ Remove ☐ Change □ Add □ Remove \_ Change □ Add □ Remove □ Change ☐ Remove \_□ Change \_□ Add \_□ Remove ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

\_ Change

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Filing Fee: \$25.00