#1 98000003304

(Re	questor's Name)	
— (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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EXAMINER
JAN 1 1 2011

COVER LETTER

	tion Section of Corporations
SUBJECT:	Breakthrough Coaching, LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all o	orrespondence concerning this matter to the following:
	Mark L. Sanna
	Name of Person
	Breakthrough Coaching, LLC
	Firm/Company
	901 Brickell Key Blvd. 3703
	Address
	Miami, FL 33131
	City/State and Zip Code
	btcsanna@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Mark Sanna at (786) 390-8652
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
\$25.00 Filing	Fee \$\int_{\\$30.00}\$ Filing Fee & \$\int_{\\$55.00}\$ Filing Fee & \$\int_{\\$60.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

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<u>ds.</u>)		i, A.	GAIDA

Zip Code

Breakthrough Coaching, 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 12/17/1998 and assigned

L98000003304 Florida document number 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) 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 . Florida

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.

City

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

	<u>Name</u>	<u>Address</u>	Type of Act
<u>RM</u>	George Gaukler	1330 West Main, POB 446 Valley City, ND 58072	Add Remove
			Add Remove
			Add Remove
			Add Remove
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	<u> </u>		Add
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amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
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