# +055000038PL

| (Re                                     | questor's Name) |             |  |  |
|---|-----------------|-------------|--|--|
| (Address)                               |                 |             |  |  |
| (Ad                                     | dress)          | <del></del> |  |  |
| (City/State/Zip/Phone #)                |                 |             |  |  |
| PICK-UP                                 | ☐ WAIT          | MAIL        |  |  |
| (Business Entity Name)                  |                 |             |  |  |
| (Document Number)                       |                 |             |  |  |
| Certified Copies                        | Certificates    | of Status   |  |  |
| Special Instructions to Filing Officer: |                 |             |  |  |
|   |                 | <u> </u>    |  |  |
| ·                                       |                 |             |  |  |
|   |                 |             |  |  |

Office Use Only

G. MCLEOD

NOV 16 2011

**EXAMINER** 



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SECRETARY OF STATE
ALLAHASSEE FINALE

## **COVER LETTER**

| TO: Registration :<br>Division of C |  |   |   |
|-------------------------------------|--|---|---|
| SUBJECT:                            | Breakthroug                                | gh Coaching, L.L.C.   | ,   |
|                                     |  | ited Liability Company  |   |
| The enclosed Articles of            | of Amendment and fee(s) are su             | bmitted for filing.   |   |
| Please return all corres            | condence concerning this matte             | r to the following:   |   |
|                                     |  | George Gaukler  |   |
|                                     |  | Name of Person  | 9   |
|                                     |  | Firm/Company  | <del></del>   |
| 1268 West Main Street, PO Box 446   |  |   |   |
|                                     |  | Address   |   |
|                                     |  | /alley City, ND 58072   |   |
|                                     | ge   | City/State and Zip Code orge@valleyrealty.com                     |   |
|                                     | E-mail address: (                          | to be used for future annual report notifica                      | tion)   |
| For further information             | concerning this matter, please of          | call:   |   |
|                                     | eorge Gaukler                              | at \  | <del>15-1291</del>  |
| Name                                | of Person                                  | 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 |
| B.4 A E F                           | MAILING ADDRESS. STREET/COUDIED ADDRESS.   |   | I A DDDESS.   |

### 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

| Breakthrough C   | Coaching, L.L.C.  |                               |  |
|--|---|-------------------------------|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited   | any as it now appears on our record<br>Liability Company) | <u>s.</u> )                   |  |
| The Articles of Organization for this Limited Liability Company  | y were filed on December 17,                              | 1998 and assigned             |  |
| Florida document numberL9800003304   |   |                               |  |
| This amendment is submitted to amend the following:  |   |                               |  |
| A. If amending name, enter the new name of the limited liab  | oility company here:                                      |                               |  |
| The new name must be distinguishable and end with the words "Lim   | ind Linkilian Common 2 the deciman                        | : #I I C'' 41 41 41           |  |
| "L.L.C."   | ited Liability Company," the designat                     | ion "ELC" or the abbreviation |  |
| Enter new principal offices address, if applicable:  | 1268 West Main Street                                     |                               |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Valley City, ND 58072                                     | A <sub>U</sub>                |  |
|  |   | <u> </u>                      |  |
|  |   | ASS                           |  |
| Enter new mailing address, if applicable:  | 1268 West Main Street                                     |                               |  |
| (Mailing address MAY BE A POST OFFICE BOX)   | PO Box 446  |                               |  |
|  | Valley City, ND 58072                                     | SE N                          |  |
|  |   | Or un                         |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |   | ter the name of the new       |  |
| registered agent and/or the new registered office address her  | <u>e</u> :  |                               |  |
| Name of New Desistered Agents  |   |                               |  |
| Name of New Registered Agent:  |   |                               |  |
| New Registered Office Address:   |   |                               |  |
|  | Enter Florida street address                              |                               |  |
| <del></del>  | , 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGR Mark L. Sanna 901 Brickell Key Blvd. #3703 ✓ Add Miami, FL 33131 Remove George Gaukler MGRM 1268 West Main Street √ Add PO Box 446 Remove Valley City, ND 58072 ☐ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00