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SECRETARY OF STATE

JUN 1 2 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AVENUES	Coaching, Inc.
DOCUMENT NUMBER: N1200002	
The enclosed Articles of Amendment and fee are sub	bmitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Carol McAtee, CPA	
	(Name of Contact Person)
McAtee & Associates, C	PAs, PA
	(Firm/ Company)
5401 Central Ave	
	(Address)
St. Petersburg, FL 3371	0
	(City/ State and Zip Code)
info@accpas.cor	
For further information concerning this matter, pleas	ed for future annual report notification) se call:
Rick Vernal	327-1999
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Avenues Coaching, Inc	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
N12000002114	TE JUN 1 1 PM 12: 47
(Document Number of Corpor	ration (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	ration (if known) SECRETARY OF STATE following and obligate following and obligate following and obligate following and obligate following states for the following states
A. If amending name, enter the new name of the corporat	ion:
N/A	71
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	The new tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	, Florida (Zip Code)
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	
Signature of New Regis.	tered Agent, if changing

Page 1 of 4

(Attach additional she	ets, if neces	sary)					
Please note the officer. P = President; V= Vic Executive Officer; CF(held. President, Trease	re Presiden O = Chief I	t; T= Tred Tinancial	surer; S= Secret Officer. If an off	tary; D= Director	r; TR= Trus Is more thar	tee; C = Chairman or Clerk; CEO = Chiej n one title, list the first letter of each office	٢
Changes should be not a change, Mike Jones I Mike Jones, V as Remo	leaves the c	corporatio	n, Sally Smith is	ly John Doe is list named the V and	ed as the P. S. These sh	ST and Mike Jones is listed as the V. There ould be noted as John Doe, PT as a Chang	is e,
Example: X Change	<u>PT</u>	John Doe					
X Remove	<u>v</u>	Mike Jo	<u>ones</u>				
X Add	<u>\$V</u>	Sally Si	mith				
Type of Action (Check One)	Title		Name			Address	
1) Change Add Remove		_					
2) Change Add Remove							
3) Change Add Remove	·	_					
4) Change Add Remove		_					
5) Change Add Remove		_					
6) Change Add Remove		_					

. If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

address of each Officer and/or Director being added:

(attach additional sheets, if necessary). (Be specific)
Amend Article III to read:
The organization will provide educational, vocational and life coaching services to individuals with disabilities
in our community. The organization will provide educational rehab services, lessen the burdens of government as a vendor
of the Florida Department of Education Division of Vocational Rehabilitation and thus defending civil rights secured by the Americans
With Disabilities Act. The organization is organized exclusively for educational services under section 501(c)(3) of the Internal
Revenue Code, or corresponding section of any future federal tax code.
Add Article VIII to read:
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning
of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code, or shall be distributed
to the federal government, or to a state or local government, for a public purpose.

Γhe	date of each amendment(s) adoption: 02/23/2012	
	ective date if applicable: 02/23/2012	
	(no more than 90 days after amendment file date)	_
A do	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and thenumber of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 6812 Signature	
	(By the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Scott D. Peterson	
	(Typed or printed name of person signing)	

(Title of person signing)