109000032946

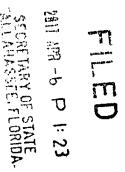
(Re	equestor's Name)	·
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Certified Copies	_ Certificates	s of Status
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S Warren

APR 07 2017

COVER LETTER

TO: Registration Secti Division of Corpo			
Training Ame			
SUBJECT:		ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Porsha Magee		
	<u> </u>	Name of Person	
	America CPR Training, LL	.C.	
		Firm/Company	
	7055 Blanding Boulevard U	Jnit 440394	
		Address	,
	Jacksonville, Florida 32222	2	
		City/State and Zip Code	
	americaeprtraining@gmail.c	om o be used for future annual report notifi	estino)
For further information con-	cerning this matter, please ca		
Porsha Magce		904 450-0445 at ()	
Name of P	vrson	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
≘ S25.00 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 ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limite</u> (ed Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
he Articles of Organization for this Limited Lia Iorida document number L09000032946	ability Company were filed on 04/04/2017	and assigned
his amendment is submitted to amend the follo		
. If amending name, enter the new name of	the limited liability company here:	
america CPR Training, LLC.		
ne new name must be distinguishable and contain the wo	ords "Limited I iability Company," the designation "LI	.C" or the abbreviation "L.I.,C."
nter new principal offices address, if applica	thle:	
Principal office address MUST BE A STREET		
megan office unaress med r BE A GINEER	ADDAGSS)	
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE E</u>	<u></u>	
If amonding the aggistered agent and to		1 4 44 6.4
		ds, enter the name of the
		ds, enter the name of the
gistered agent and/or the new registered off	ice address here:	
gistered agent and/or the new registered off Name of New Registered Agent:		
gistered agent and/or the new registered off	ice address here:	
gistered agent and/or the new registered off Name of New Registered Agent:	ice address here: Enter Florida street addr	PAN
	ice address here: Enter Florida street addr	

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 Agen

Page 1 of 3

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 = MGR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	,		Add
			☐ Remove
		-	Change
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, the date must be specified in this block does	fic and cannot be prior to not meet the applicab	date of filing or more than le statutory filing require	(optional) 90 days after filing.) Purs ements, this date will r	uant to 605,0207 (. not be listed as th
		an effective time, a	t 12:01 a.m. on tl	ne earlier of:
)	2017	. •		
	er than the date of the date must be speci ed in this block does ate on the Departmen	er than the date of filing: the date must be specific and cannot be prior to ed in this block does not meet the applicabate on the Department of State's records. a delayed effective date, but not a er the record is filed.	er than the date of filing: the date must be specific and cannot be prior to date of filing or more than the distribution of the date must be specific and cannot be prior to date of filing or more than the distribution of the description of the description of the Department of State's records. The delayed effective date, but not an effective time, a ter the record is filed.	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursued in this block does not meet the applicable statutory filing requirements, this date will rate on the Department of State's records. The date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursued in this block does not meet the applicable statutory filing requirements, this date will rate on the Department of State's records. The date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursued in this block does not meet the applicable statutory filing requirements, this date will rate on the Department of State's records.