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## **COVER LETTER**

.

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
	Amendmen	t to Reflect additional AMBR		
SUBJECT:		Name of Limi	ted Liability Company	
121 1		A large of forms we will	unite of the filling	
Please return	all correspo	ndence concerning this matter	to the following:	
		Destini Bannister		
Name of Person  AlphaCore Training Solutions LLC  Firm/Company				
		AlphaCore Training Soluti	ons ELC	
			Firm/Company	
		631 Michigan Estates Circ	le	
			Address	
		St. Cloud. 34769		
			Name of Limited Liability Company  endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  Destini Bannister  Name of Person  AlphaCore Training Solutions LLC  Firm/Company  631 Michigan Estates Circle  Address  St. Cloud. 34769  City/State and Zip Code  Alphacoretrainingsolutions@gmail.com  E-mail address: to be used for future annual report notification)  erning this matter, please call:  at (	<del></del>
				otrication)
For further in	nformation c	oncerning this matter, please ca	att:	
Destini Ban	nister		1 954-505-0 at ( )	219
	Name o	f Person	Area Code Dayti	ime Telephone Number
1-nclosed is :	rcheck for th	ne following amount:		
<b>■</b> \$25.00 l		☐ \$30,00 Filing Fee &	Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres			ipetian
	gistration S vision of C		<del>-</del>	
Division of Corporations P.O. Box 6327			The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AlphaCore Training Solutions LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. nited Liability Company)	)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000146407</u>	oany were filed on 03/26/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain 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 ADDRES.	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	fice address on our records, <u>enter t</u>	
agent and/or the new registered office address here:		<b>9</b>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Destini Bannister	631 Michigan Estates Circle, St. Cloud FL, 34769	<b>=</b> Add
			□ Remove
			Change
			□ Add
			□Remove
			Change
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rective date, if other than the date of filing:				- <del></del>	
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Signature of a member or authorized representative of a member	May 20th	2024			
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Filing Fee: \$25.00