

L110000054838

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JAN 20 2012

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Kwik Train Career Center LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Carin Garrett**

Name of Person

**TraMar Tech LLC**

Firm/Company

**1540 S. State Road 15A Suite B33**

Address

**Deland, FL 32720**

City/State and Zip Code

**tramartech@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Carin Garret**

Name of Person

at ( **386** )

**473-1266**

Area Code & Daytime Telephone Number

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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)

**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**

**Kwik Train Career Center 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 (amendment) 5/27/11 and assigned Florida document number L11000054838.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TraMar Tech LLC

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)**

1540 S. State Road 15A

Suite B33

Deland, FL 32720

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1540 S. State Road 15A

Suite B33

Deland, FL 32720

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**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:

Carin Garrett

New Registered Office Address:

1540 S. State Road 15A Suite B33

*Enter Florida street address*

Deland

Florida

32720

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carin Garrett	1000 Savage Court Suite 215 Longwood, FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Carin Garrett	1540 S. State Road 15A Suite B33 Deland, FL 32720	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Carolyn Garrett	1540 S. State Road 15A Suite B33 Deland, FL 32720	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Marlon Evans	1540 S. State Road 15A Suite B33 Deland, FL 32720	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated January 17, 2012

Signature of a member or authorized representative of a member

Carin Garrett

Typed or printed name of signee