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2019 OCT -3 MM 8: 34



COVER LETTER

Div	ision of Corp	porations					
SUBJECT:	DNA TRAI	NING CAMP LLC					
SOBJECT.		Name of Lim	ited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Gregory D. Snell, Esq.					
			Name of Person				
		Snell Legal PLLC					
Firm/Company							
		1651 N Clyde Morris Blvd Ste 1					
			Address				
		Daytona Beach, FL 32117	-5500				
			City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	ication)			
For further in	nformation co	oncerning this matter, please ca	all:				
Gregory D.	Snell		386 244-9118				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enclosed is a	a check for th	ne following amount:					
■ \$25.00 F	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

Registration Section

TO:

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



2019 CCT - 3 AH 8: 31

DNA TRAINING CAMP 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 Lia Florida document number L09000114392	ibility Company w	ere filed on De	cember 1, 2009	_ and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company he	ere:	
n/a				
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the d	esignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica	ıble:	n/a		
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/o	or registered offi		our records, enter th	e name of the new
Name of New Registered Agent:	ARNOLD KOLO			
	180 SOUTH YO	NGE STREET		
New Registered Office Address:			rida street address	
	ORMOND BEA	СН	Florida 3217-	1
		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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
OWNR	LEGAULT, DANIEL R	180 S YONGE ST	Add
		ORMOND BEACH, FL 32174	
			Remove
			Change
MGR	LEGAULT, DANIEL R	188 FAIRWAY DR	Add
		ORMOND BEACH, FL 32176	
			■ Remove
			Change
			Add
			□ Remove
			□ Change
			Remove
			☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

Effec	tive date, if other than the date of filing:(optional)
i an c	tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	September 2 3 2019
Dated	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00