L12000011093

(Re	equestor's Name)			
(Ad	ldress)			
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Certified Copies Certificates of Status				
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SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAINER TECH II C

FILED

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SUBSCILLOV AU COATE

(Name of the Limited Liab) (A Flori	lity Company as it now appear da Limited Liability Company)	s on our recordsi)	ASSEE, FLORIDA
The Articles of Organization for this Limited Liabilit Florida document number L12000011093	y Company were filed on		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company her	2:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	***************************************		
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on o	ur records, enter t	
Name of New Registered Agent:	- 	·	
New Registered Office Address:	Ent	er Florida street addi	ess
	, Florida		
	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 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>	Type of Action
MGRM	ANDERSEN, KRIS	2500 NW 23RD ST BOCA RATON FL 3343	☐ Add 4
 			
<u> </u>			Add Remove
			——————————————————————————————————————
			AddRemove
····			AddRemove
D. If am	ending any other information	n, enter change(s) here: (Attach additional shee	ets, if necessary.)
			12 SEP
Dated	8/3/2012		P 24 PH 2: 52 P 24 PH 2: 52 HARYOF STATE
	_	ire of a member or authorized representative of a me	
	C	ARY REICHBACH, Managing Member Typed or printed name of signee	

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Filing Fee: \$25.00