L12000087889

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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EXAMINE					

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2012 JUL 16 NM ES 28
SECRETARY OF STATE
PALLAHASSEE, FLOREINA

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	F ∕ T∙				
30141			INING INSTITUTE, LLC		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Name of Person		
VELOCITY			Y TRAINING INSTITUTE, LLC	2012	
		······································	Firm/Company	AAR 🚉	
		185	NE 4TH AVE STE 101	2012 SUL 16 PA SECRETARY OF ALLAHASSEE: F	
Address					
	DELBAY DEAGLE EL 00400				
		DEL	RAY BEACH, FL 33483 City/State and Zip Code	PF STATE	
		AM	IYALVA@GMAIL.COM		
		E-mail address: (to be used for future annual report notification)		
For fu	rther information	concerning this matter, please of	call:		
		AMY	at (- 561)	' 57	
 ,	Name	of Person	Area Code & Daytime Telepho	···	
Enclos	sed is a check for	the following amount:		•	
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee &	660.00 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		tration Section on of Corporations Box 6327	STREET/COURIER ADI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VELOCI	TY TRAINING INSTITUTE	E, LLC	december 14 and 18 and			
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)				
The Articles of Organization for this Limited Liability Company were filed onJULY 5, 2012 Florida document numberL12000087889						
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability company here	e:				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	ny," the designation '	"LLC" or the abbreviation			
Enter new principal offices address, if applic	able:					
(Principal office address MUST BE A STREE	T ADDRESS)		ASS TO			
Fatan any malling address if applicable.			PICE BY CO			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE						
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:		ur records, <u>enter</u>	the name of the new			
New Registered Office Address:	185 NE 4TH AVE. STE 101	1				
	Ent	ter Florida street ad	ldress			
	DELRAY BEACH	, Florida _	33483			
	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>		Address	Type of Action
MGRM	AMY ALVAREZ		185 NE 4TH AVE STE 101 DELRAY BEACH, FL 33483	Add Remove
	 .			Add Remove
				Add Remove
				Add Remove
<u>.</u>				Add Remove
				Add Remove
D. If amend	ling any other information	n, enter change(s	s) here: (Attach additional sheets, if necessary.,) —-
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Dated	JULY 11		2	
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	Signat		r authorized representative of a member	
			/IY ALVAREZ	

Page 2 of 2

Filing Fee: \$25.00