# L12 0001 22954

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL .
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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2016 SEP 19 PM 4: 10

K. SALY SEP 2 2 2016



Main: (407) 207-5509 / Fax: (407) 207-5589 /5738 S. Semoran Blvd. Bldg. D. Orlando FL 32822 / info@professionalaccountinggroup/lc.com

August 17, 2016

VIA CERTIFIED

Secretary of State Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE: First Response Training Group, LLC. #L12000122954

To Amendment Section.

Enclosed you will find one Amended Articles of Incorporation for the above referenced Limited Liability Company #L12000122954, Please file these Amended Articles and return a copy and a certificate of amendment to this office to P.O Box 720746 Orlando, FL 32872-0746.

Thank you for your assistance and cooperation and if you have any questions, please feel free to call.

Sincerely:

David Olivencia, JSM

Cc/: CPC OF THE WMM-USA, INC.



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2016

PROFESSIONAL ACCOUNTING GROUP LLC DAVID OLIVENCIA P.O. BOX 720746 ORLANDO, FL 32872-0746

SUBJECT: FIRST RESPONSE TRAINING GROUP, LLC

Ref. Number: L12000122954

We have received your document for FIRST RESPONSE TRAINING GROUP, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 416A00017870

# **COVER LETTER**

TO:	Registration Sec Division of Corp					
oun m		PONSE TRAINING GROUP,	LLC			
SUBJE	.CI:	Name of Limi	ted Liability Company	· · · · ·		
The en	closed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please	return all correspor	dence concerning this matter t	to the following:			
		DAVID OLIVENCIA, JSM	1			
			Name of Person	<del></del> _		
		PROFESSIONAL ACCOUNTING GROUP, LLC				
		Firm/Company				
		PO BOX 622521				
		ORLANDO FL 32862-2521				
		City/State and Zip Code				
		~	ACCOUNTINGGROUPLLC.COM	<del> </del>		
		E-mail address: (t	o be used for future annual report notificat	tion)		
For fur	ther information co	oncerning this matter, please ca	all:			
DAVII	D OLIVENCIA		407 207-5509 at ()			
	Name of	Person	Area Code Daytime To	elephone Number		
Enclos	ed is a check for th	e following amount:				
\$2.	5.00 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:

TO:

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

2016 SEP 19 PM 4: 10

#### FIRST RESPONSE TRAININGGROUP,LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  [City , Florida	The Articles of Organization for this Limited L		were filed on September	25, 2012	and assigned
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	Florida document number L12000122954	·			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	This amendment is submitted to amend the foll	owing:			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	A. If amending name, enter the new name o	f the limited liab	ility company here:		
Enter new principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  No CHANGE  New Registered Office Address:  Enter Florida street address  Florida	The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designatio	n "LLC" or the ab	breviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  No CHANGE  New Registered Office Address:  Enter Florida street address  Florida	Enter new principal offices address, if applic	able:	NO CHANGE		
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Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  No CHANGE  New Registered Office Address:  Enter Florida street address  Florida	77 days a series (1900 a 21 a 22 de carres 1901).				
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  , Florida		POW.			
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<del></del>	<del></del>
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida					
Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	•	-		ecords, enter	the name of the new
New Registered Office Address:  Enter Florida street address  , Florida	registered agent and/or the new registered o	ince addiese nei	<u>c</u> .		
Enter Florida street address , Florida	Name of New Registered Agent:	NO CHANGE			
Enter Florida street address , Florida	New Registered Office Address:				
			Enter Florida stree	t address	
City Zip Code				, Florida	
New Registered Agent's Signature, if changing Registered Agent:			·		Zip Code

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 amendi or remove	ng Authorized Person(s) authorized to ed from our records:	son(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> is:			
MGR = Manager AMBR = Authorized Member		Address  Add			
<u>Title</u>	Name	Address	SLUME JAKYOT	Type of Action	
			ASSEE, FLORIDE	🗆 Add	
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JASON MARQUES 90 % MI	EMBERSHIP UNITS OWNED
ROBERT CREAGER 10% M	IEMBERSHIP UNITS OWNED.
ALL MEMBERSHIP UNITS	ISSUED AND OUTSTANDING IN ACCORDANCE WITH THE OPERATING
AGREEMENTS SET FORTH	HEREUNTO THESE ARTICLE OF ORGANIZATION.
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ective date, if other than the effective date is listed, the date must be: If the date inserted in this blooment's effective date on the De	it be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be listed
record specifies a delayed he 90th day after the reco	d effective date, but not an effective time, at 12:01 a.m. on the earlie ord is filed.
ed	Jason Marguez Signature of a member of authorized representative of a member
(	Dana Maraura

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00