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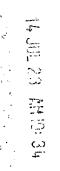
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	Name o	f Person	Area Code Daytime	Telephone Number
Nich	olas So	calzo	_{at} .516_241-38	801
For further	information c	oncerning this matter, please c	all:	
			to be used for future annual report notif	ication)
		njscalzo@ontrack	City/State and Zip Code	
		Ft. Myers, F	lorida 33913	· · · · · · · · · · · · · · · · · · ·
			Address	
		10849 Stoni	ngton Ave	
			Firm/Company	
		OnTrack Tra	aining, LLC	
			Name of Person	
		Nicholas J.	Scalzo	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Amendment and fee(s) are sub	_	
		Name of Lin	nited Liability Company	
SUBJECT	ຸ OnTr	ack Training, l	LLC	
	egistration Se ivision of Cor		f re	Na

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

ONTRACK TRAINING, 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 May 27, 2014 and assigned Florida document number L14000084932 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 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) 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Nicholas J. Scalzo ED.D.	10849 Stonington Ave	= Add
		Ft. Myers, Fl 33913	Remove
PRES	Nicholas J. Scalzo ED.D.	10849 Stonington Ave	
		Ft. Myers, Fl 33913	Remove
			Remove
			🗖 Add
			Remove
		,	Add S
			Remove

The above change reflects a title change for Nicholas J. Scalzo	from "PRES" to "MGR" only
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and counter the date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
July 18 2014	
Dated July 10 , 2014	
_	e.
Dated July 18 J. S. (3) Signature of a member or authorized representation. Nicholas J. Scalzo	

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Filing Fee: \$25.00