

214000124094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

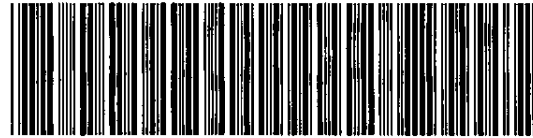
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300263658553

09/04/14--01007--003 \*\*25.00

FILED

14 SEP -4 PM 1:45

CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 11 2014

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HazMat Training Solutions LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Howard Vollovick**

Name of Person

**HazMat Training Solutions LLC**

Firm/Company

**19460 NW 10th St.**

Address

**Pembroke Pines, FL 33029-3215**

City/State and Zip Code

**hazmattrainingsolutions@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Howard Vollovick**

Name of Person

**954 444-7513**

at ( )  
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

FILED  
14 SEP -4 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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>	<u>Type of Action</u>
MGR	Howard Vollovick	19460 NW 10th St.	<input type="checkbox"/> Add
		Pembroke Pines	<input checked="" type="checkbox"/> Remove
		Florida 33029-3215	
AMBR	Howard Vollovick	19460 NW 10th St.	<input checked="" type="checkbox"/> Add
		Pembroke Pines	<input type="checkbox"/> Remove
		Florida 33029-3215	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

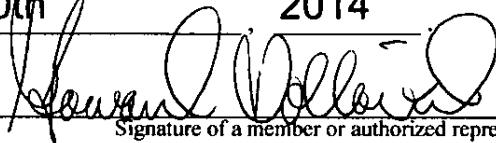
---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 30th 2014



Signature of a member or authorized representative of a member

Howard Vollovick

Typed or printed name of signee