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(Ac	ldress)	
(Ci	ty/State/Zip/Phone	⇒ #)
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T. BROWN

COVERALETTER

TO: Registration Section
Division of Corporations

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

..954, 444-7513

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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)

J.

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

MILANASSEE TORIGA

HAZMAT TRAINING SOLUTIONS LLC

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

	City		Zip Code
		, Florida	·
13cw registered office Address.	Enter i	Florida street address	
New Registered Office Address:			
Name of New Registered Agent:			
B. If amending the registered agent and/o registered agent and/or the new registered offi		on our records, enter t	he name of the nev
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET		A	
Enter new principal offices address, if applical	ble:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the ab	breviation "L.L.C."
A. If amending name, enter the new name of t	the limited liability company	here:	
This amendment is submitted to amend the follow	ving:		
Florida document numberL14000124094	·		
The Articles of Organization for this Limited Lia	bility Company were filed on	08/07/2014	and assigned

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.

If Changing Registered Agent, Signature of New Registered A; ent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Howard Vollovick	19460 NW 10th St.	🗆 Add
		Pembroke Pines	■ Remove
		Florida 33029-3215	
AMBR	Howard Vollovick	19460 NW 10th St.	■ Add
		Pembroke Pines	□ Remove
		Florida 33029-3215	
	····		Add
			Remove
			□ Add
			Remove
	-		
			☐ Remove
			🗆 Add
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Е.	Effective date, if other than the date of filing:
	Dated August 30th 2014
	Signature of a member or authorized representative of a member
	Howard Vollovick
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00