#14000189928

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	**

Office Use Only



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2015 JUR 29 PK 2: 3

K.SALY EXAMINER JUN 3 0 2015

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJI	ECT:	BTE Train Name of Limi	ted Liability Company	
The en	closed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		K	Levin Lopez Name of Person	
			Firm/Company	
		8927 Gm	Address	
		Miami	FL 33174	
	-	believe tryst	FL 33/74/ City/State and Zip Code Cover (a) gmail. cover to be used for future annual report notifications.	ication)
For fur	ther information conc	erning this matter, please ca	-	(Cation)
	Kevin C Name of Pe	rson	at (786) 853 – Area Code Daytime	0333 Telephone Number
Enclos	ed is a check for the fo	ollowing 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:

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**

ARTIC	LES OF ORGANIZATION	FILES
Pise Abov (Name of the Limited)	OF [Initial Company as it now appears on our records.]	2015 JUN 29 PK 2: 30
The Articles of Organization for this Limited Liabi Florida document number	ility Company were filed on	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the ATE Training. The new name must be distinguishable and contain the word		the abbreviation "L.L.C."
Enter new principal offices address, if applicabl		
(Principal office address MUST BE A STREET A	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
-	City , 1 total	Zin 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		FILFIN	
<u>Title</u>	<u>Name</u>	Address	2015 JUN 29 FH 2: 20	Type of Action
			2015 JUN 29 FM 2: 30 PALLAB JARY OF STATE	□ Add
			- CANHILL	Remove
				☐ Change
				□ Add
				Remove
				□ Change
				Add
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				Change
		-		🗆 Add
				□ Remove
		-		☐ Change
		10-7g		🗖 Add
	•	***	i.	Remove
		> ·		Change
	V	the section	20551	
		TO HAS PORTE	,	Remove
			400	Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti	ve date, if other than the date of filing: (optional)
If an effe	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
	-t -th
Dated_	June 5th , 2015
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Kevin Lope z Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00