L15000161511

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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D. BRUCE SEP 27 2016

COVER LETTER

TO:	Registration S Division of Co					
CUDI		ing Center, LLC				
SORI	ECT:	Name of Lim	ited Liability Company			
The e	nclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please	e return all corresp	ondence concerning this matter	to the following:			
		Stacey Savige				
		* ********	Name of Person			
		Live Training Center, LLC	;			
			Firm/Company			
		1731 12th St E				
		-	Address			
		Palmetto, FL 34221				
		1 1/2	City/State and Zip Code			
		dale@livetrainingfl.com				
		E-mail address: (to be used for future annual report notific	ation)		
For fu	rther information	concerning this matter, please co	all:			
Dale l	Lively		941 729-5217 at ()		2016	arnis me
Enclo		of Person the following amount:	Area Code Daytime	Telephone Number	2016 SEP 26 P	Parties.
		_	El Accido Europe	D 242.00 PW		
■ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

Live Training Center, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 09/22/15	and assigned
	were filed off	and assigned
Florida document number L15000161511		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1731 12th St E	1 na.
(Principal office address MUST BE A STREET ADDRESS)	Palmetto, FL 34221	
Enter new mailing address, if applicable:	1731 12th St E	7 25 T
(Mailing address MAY BE A POST OFFICE BOX)	Palmetto,FL 34221	2
		85. 2
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		cords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	address
		ru-da- 34221
	City	_, Florida 34221 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	· <u>{</u>	·
	-	

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Newborn Consulting, Inc.	5820 WCypress ST. Suite B	
		Tampa, FL 33607	■ Remove
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	_	Cinnatura	Sa Sarahar	or authorized	representative of	a member				
		Signature o	n annember	or authorized	epresentative of	n member				

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Filing Fee: \$25.00