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D SCOTT
JUL 1 2019

COVER LETTER

TO:

TO:	Registration Sec Division of Corp		•	
SUBJE	ECT:	TRAINING	PORT LLC Med Liability Company	
		Name of Ling	Aed Liability Company	
The en	closed Articles of a	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	~ 3
		Cx	PLLIE A. CAMERUR Name of Person	•
			ro, Port LLC Firm/Company	
		2430 <i>[</i> =	STRICIA BIVD. Address	Str. 201/202
		Clearwa	City/State and Zip Code	
		E-mail address: (t	Rand Tranking.	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
(OBRIE F	1 CAMERON	at (347) 650 · Area Code Daytimo	2528
	Name of	reison	Area Code Dayting	: Telephone (vulnoe)
Enclos	ed is a check for th	e following amount:		
Φ \$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)
	Registra	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpora	n

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited L	nability Company)
	were filed on <u>Scriftenber</u> 24, 2015 and assigned
If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." Iter new principal offices address, if applicable:	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	Organization for this Limited Liability Company were filed on September 24 2015 and assigned ant number 125000 [6305]. It is submitted to amend the following: g name, enter the new name of the limited liability company here: Is to distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ancipal offices address, if applicable: See address MUST BE A STREET ADDRESS) Clear words of File 331(1) Siling address, if applicable: See MAY BE A POST OFFICE BOX) Some Company of the designation "LLC" or the abbreviation "LLC." ancipal offices address, if applicable: See address MUST BE A STREET ADDRESS) Clear words of File 331(1) See address MUST BE A STREET ADDRESS) Clear words of the new registered agent and/or registered office address on our records, enter the name of the new name of the new registered Agent: CARR F. A. CARRED TO STREET ADDRESS OF The New Registered Agent: CARRED TO STREET ADDRESS OF The New Registered Agent: Clear words of the new registered Agent: Clear words of the Address of the New Registered Agent: Clear words of the Address of the Address of the Agent's Signature, if changing Registered Agent:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2430 Estadoio BIVD
(Principal office address MUST BE A STREET ADDRESS)	Str 20, /202
	Clearwote, Ft 33161
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Spr as stone
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	·
Name of New Registered Agent: CARO	IE A. CROSERON
New Registered Office Address: 2430	ESTENCIA RIVIS STE QUI 202 Enter Floridu street address
_C/eac	City , Florida 3376.1 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	LRA FRIEDMAN	2430 ESTENCIA Blud.	🗆 Add
		51E 201/202	D Remove
		516 201/202 Clearwater FG. 33761	Change
AMBR	Seavoon Smith. Gillipsile	2430 Estarcia BIUD	Add
		StE 201/ 202	
		Clear water Fl. 33761	Change
			C Add
			Remove
			Change
			🗆 Add
			Remove
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`an efl <u>{ote:</u>	tive date, if other than the date of filing: Ung G Zoi q (optional) Tective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00