L15000181890

(Re	questor's Name)	
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SHORETARY OF STATE ALLAHASSEE, FLORID

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COVER LETTER

	tration Sec on of Corp	tion orations	`	
SUBJECT:	ainingU, L	LC		
_	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company	
The enclosed A	articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return al	ll correspon	dence concerning this matter t	to the following:	
		Emily F Beans		
			Name of Person	
		trainingU, LLC		
			Firm/Company	····
		10299 Southern Blvd #210	781	
			Address	
		West Palm Beach, FL 3342	1	
			City/State and Zip Code	
		info@training-edu.com		
		E-mail address: (t	o be used for future annual report notific	ration)
For further info	ormation co	ncerning this matter, please ca	ll:	
Emily F Beans			4 54 800-4968	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ng 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

FILED

2015 NOV 12 PM 12: 42

trainingU, LLC

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

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLARASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 26, 2015 and assigned Florida document number ______L15000181890 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10299 Southern Blvd #210781 Enter new principal offices address, if applicable: West Palm Beach, FL 33421 (Principal office address MUST BE A STREET ADDRESS) 10299 Southern Blvd #210781 Enter new mailing address, if applicable: West Palm Beach, FL 33421 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Emily F Beans	10299 Southern Blvd #210781 WENT PMM B	EACH, ■ Add
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ctive date, if other than the date of filing:	or to date of filing or more than 90 days after filing.) Pursuant to 605.0
: If the date inserted in this block does not meet the appl	icable statutory filing requirements, this date will not be listed
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Typed or printed name of signee

Filing Fee: \$25.00