## L15000188794

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## **COVER LETTER**

TO:

TO:	Registration S Division of C			
SUBJEC	COTE.	de EMS and Fire Training LLC		
SOBJEC	∪I; <u></u> _	Name of Lim	ited Liability Company	
The encl	losed Articles (	of Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all corres	pondence concerning this matter	to the following:	
		Jean P Delgado		
			Name of Person	
		InterContinental Fire Train	ing Academy LLC.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		381 NE 31st Terrace		
			Address	
		Homestead FL 33033		
			City/State and Zip Code	
		wwemsfire@aol.com	to be used for future annual report notifi	cation)
For furti	her information	concerning this matter, please ca		,
Jean P	Delgado		305 5222922 at ()	
	Name	e of Person		Telephone Number
Enclose	d is a check for	r 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)
	Regi Divi	ILING ADDRESS: stration Section sion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	1

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

Worldwide EMS and Fire Training LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/02/2015	and assigned
Florida document number L15000188794		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
InterContinental Fire Training Academy LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		" <u></u>
		5 T T
Enter new mailing address, if applicable:	P. O Box 1076	Ann Anna
(Mailing address MAY BE A POST OFFICE BOX)	Homestead, FL. 33030	
B. If amending the registered agent and/or registered of		enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Enter Provide Street address	
	, Floric	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	Dip Conv
ven registeren Agent 3 bignature, il enanging registeren 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 $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			<u>.</u> □ <u>Re</u> move
			Change
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Tective date, if other than the description of the date is listed, the date must be steel. If the date inserted in this block cument's effective date on the Department.	k does not meet the	applicable statutor	ng or more than 90 days ry filing requirements	optional) after filing.) Pursuant to 605.02 , this date will not be listed
record specifies a delayed The 90th day after the reco		ut not an effec	tive time, at 12:0	)1 a.m. on the earlier
ted	, 2017			
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Filing Fee: \$25.00