L16000004632

Florida Department of State
Division of Corporations
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        Division of Corporations
        Fax Number      : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FORESEEN IMPACT TRAINING, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$25.00

K. SALY
EXAMINER
APR 21

2016 APR 20 PM 12:59

2016 APR 20 AM 8:19 FILED

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Foreseen Impact Training, LLC
_____
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 11, 2016 _____ and assigned Florida document number L16000004632 _____

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5020 Clark Road

Sarasota, Florida 34233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5020 Clark Road

Sarasota, Florida 34233

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: David Dunlap

New Registered Office Address: 5020 Clark Road
                                   Enter Florida street address

Sarasota   , Florida 34233
    City   *Zip 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

Page 1 of 3

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>	<u>Type of Action</u>
MGR	David Dunlap	5020 Clark Road	☒ Add
		Sarasota, Florida 34233	☐ Remove
			☐ Change
MGR	Richard Q. Lewis, III	100 Whetstone Place, Suite 200	☐ Add
		St. Augustine, Florida 32086	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

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_____

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b)   The 90th day after the record is filed.

Dated ____4/-20_____, 2016.

_____
Signature of a member or authorized representative of a member

David Dunlap, Manager
_____
Typed or printed name of signee

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Filing Fee: $25.00