

L160000303913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

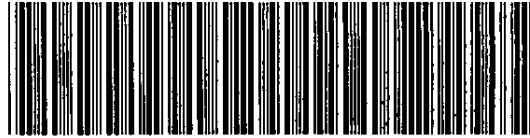
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/16--01022--020 **25.00

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16 JUN 22 PM 3:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUN 23 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

REC-151
2016 JUN 22 PM 1:22
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

June 10, 2016

CALVIS TOMPKINS
687 ASHFORD OAKS DRIVE
ALTAMONTE SPRINGS, FL 32714

SUBJECT: A3 TRAINING LLC
Ref. Number: L16000030393

We have received your document for A3 TRAINING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 1 OF 3 IS MISSING

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00012341

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A3 Training LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Calvis Tompkins

Name of Person

A3 Training LLC

Firm/Company

687 Ashford Oaks Dr, Apt 202

Address

Altamonte Springs, FL 32714

City/State and Zip Code

calvis@a3+basketball.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Calvis Tompkins

Name of Person

at (407)

Area Code

620-5188

Daytime Telephone Number

Enclosed is a check for 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) |
|---|--|--|--|

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

A3 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 2/12/2016 and assigned
Florida document number L16000030393.

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)

Enter new mailing address, if applicable:

(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

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

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>	<u>Type of Action</u>
<u>MGR</u>	<u>Keaton Grant</u>	<u>9037 LAURATE BLVD</u>	☒ Add
		<u>Orlando, FL 32827</u>	☐ Remove
			☐ Change
<u>MGR</u>	<u>James Grant</u>	<u>910 Anchorage Lane</u>	☒ Add
		<u>Kissimmee, FL 34744</u>	☐ Remove
			☐ Change
<u>MGR</u>	<u>Alfredo Williams IV</u>	<u>(NAME correction)</u>	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

Please add IV to Alfredo Williams name

16 JUN 22 PM 3:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

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

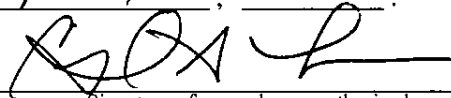
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 20, 2016



Signature of a member or authorized representative of a member

Calvis Tompkins

Typed or printed name of signee