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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABC COMMERCIAL DRIVERS LICENCE TESTING & TRAINING EX

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TO: Registration Section
Division of Corporations

ABC COMM	ERCIAL DRIVERS LICE	NCE TESTING & TRAINING E	EXPERTS, LLC	
Strate:	Name of Lim	ited Liability Company		
	nendment and fee(s) are sub-	-		
	Cheyenne Moseley			
	<del></del>	Name of Person		
	Legalzoom.com, Inc.			THE SECOND
		Firm/Company		SP HE
	101 N. Brand Blvd., 11t	h Floor		P 28
		Address		3
	Glendale, CA 91203			10 :6 W
		City/State and Zip Code		<b>9</b>
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For further information con-	cerning this matter, please ca		ricanon,	
Cheyenne Moseley		800 773-0888 e		
Name of P	crson	Area Code Daytin	ne 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 enclose	

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

## ABC COMMERCIAL DRIVERS LICENCE TESTING & TRAINING EXPERTS, 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 $\frac{07/20/2016}{1}$ Florida document number L16000136171 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ABC Commercial Drivers License Testing & Training Experts, LLC The new name must be distinguishable and end with 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: Ų (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

#### 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Cock

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
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f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	- -
Rective date, if other than the date of filing:	-
Signature of a member by authorized representative of a member  Jennifer Abercrombie	TALL TALL
Typed or printed name of signee	SEP 28 AH 9: 05

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