217000001550

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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	Registration Se Division of Cor					
SUBJEC	Agiletrain l					
SOBJEC	JT:		ited Liability Company			
		Amendment and fee(s) are sub	-			
		Clark Trainor				
			Name of Person			
		Law Office of Clark Train	or			
			Firm/Company			
			, 50°			
		Westlake Village, CA 913	Address 61		T HAY 25 PHII: 23	
			City/State and Zip Code		25 SS	
		info@ailc.com			2	
For furth	er information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notif all:	fication)	1.23	ر دا
Clark Ti		20	at () 4974826	Telephone Number	•	ķ3
	Name o	f Person	Area Code Daytimo	2 Telephone Number		
Enclosed	l is a check for th	he following amount:				
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &	

TO:

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

Agiletrain LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Control of Computer L17000001550	Company were filed on 01/03/2017 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	NELLAHA.
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jens Ostergaard	12251 Pasha Lane	
		Orlando, FL 32827	Remove
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ffective date, if other tha	n the date of	Gling.			(ont	ional)	
an effective date is listed, the da	ite must be speci	fic and cannot be	prior to date of	t tiling or more	than 90 days afte	er filing.) Pursuant t	to 605.0207
ocument's effective date on	his block does the Departmer	not meet the a t of State's rec	ipplicable sta cords.	tutory filing r	equirements, th	is date will not b	e listed as
e record specifies a del The 90th day after the			it not an e	ffective tim	e, at 12:01	a.m. on the ϵ	earlier of
ated May 18		2017					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00