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COVER LETTER

TO:

Registration Section
Division of Corporations

HVAC/R P SUBJECT:	ROFESSIONAL TRAINING I	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HERNANDO VERA		
		Name of Person	
		Firm/Company	
	9775 NW 26 CT		
		Address	?~~
	SUNRISE, FL 33322		
		City/State and Zip Code	
	nando.vera@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	' ∵ າ
Hernando Vera	_	786 3809167	<u>. </u>
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C	•	Division of Co	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	rananassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HVAC/R PROFESSIONAL TRAINING LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number L17000076145	were filed on 04/04/2017	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
HVAC/R PROFESSIONA	L LLC	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:	9775 NW 26CT	
Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33322	
		~3
		-
nter new mailing address, if applicable:	9775 NW 26CT	· .
Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33322	· ·
		5.0
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the n</u>	
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 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>	Address	Type of Action
			□Add
		·	□Remove
			□Add
			□Remove
			☐ Change
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			□Remove
			☐Change ∴ ∴ ∴ ☐Add
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Tective date, if other than the neffective date is listed, the date mate: If the date inserted in this becument's effective date on the I	ust be specific and cannot be block does not meet the a	prior to date of fil pplicable statute	ing or more than 90 d	_ (optional) lays after filing.) ents, this date w	Pursuant to 605.07 Fill not be listed
ecord specifies a delayed effecti s filed.	ve date, but not an effect	tive time, at 12:0	I a.m. on the earlie	er of: (b) The	90th day after t
January 24	2023				
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Filing Fee: \$25.00