L18000025075

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Amend

DEC 1 7 ZOTO I ALBRITTON

COVER LETTER

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TO:	Registration Sec Division of Corp			
SUBJE	ст: <u>AFF0</u>	PDABLE TRA Name of Limi	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter t	to the following:	
		FAYE T.	Name of Person	
		AFFORDABL	-C TRAINING Firm/Company	LLC
		7807 LAK	Address	
		JACKSONVIL	City/State and Zip Code	221
		FAYETEVALSE (1	to be used for future annual report r	notification)
For furt	her information co	ncerning this matter, please ca	ill:	
FA	JE T. E Name of	V A M S Person	at (904) 119 Area Code Day	ime Telephone Number
Enclose	d is a check for the	following amount:		
又 \$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

AFF ORDABLE TRY	AINING, UC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{1}{2}$	9/2018	_ and assigned
Florida document number L18000025075	<u> </u>	,	_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
		SEC	2019
Enter new mailing address, if applicable:		프로 프레 교육	<u> </u>
(Mailing address MAY BE A POST OFFICE BON)		<u> </u>	
		<u> </u>	
		20	± D
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enterathe	e pame of the new
		,-	_
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet 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>	Name	Address	Type of Action
MGR	RODULY D. EVALS	ggolasco Dr.	
		JACKSONVILLE, FL 32219	D Remove
			Change
			□ Add
			Remove
			Change
			□ Add
-			□ Remove
			Change
			□ Add
			_□ Remove
			Change
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(If an effect <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	11/11/ 2019.
	Signature of a member or authorized representative of a member
	T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
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Page 3 of 3

Filing Fee: \$25.00