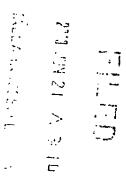
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Office Use Only



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D SCOTT
JUL 2 2019

### **COVER LETTER**

Division of Cor	porations	•	
SUBJECT:	DATA BOS	ited Liability Company	-domes, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DATA F	Name of Person  SASC IKAINING K  Firm/Company  Address	ND Ste Joi/201 =
	Clearing	City/State and Zip Code	33761
		10 be used for future annual report notif	
For further information of	oncerning this matter, please ca	all:	
Corrie Name o	A. ComeRsol	at (347) (650). Area Code Daytime	コらつと : Telephone Number
Enclosed is a check for the	he 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** 

TO:

Registration Section Division of Corporations P.O. Box 6327

## **STREET/COURIER ADDRESS:** Registration Section

Registration Section
Division of Corporations
Clifton Building

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DATA BASE TRAIN	Sina Heademy LL
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it'now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number 180600 35038.  This amendment is submitted to amend the following:	, ,
A. If amending name, <u>enter the new name of the limited liab</u>	mty company nere.
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2430 ESTENCIA TSIUD StE 201/202 : 3 Cleokhoty, FL 33761
(Principal office address MUST BE A STREET ADDRESS)	StE 201/202 1
	Cleokwaty, Fl. 33761
Enter new mailing address, if applicable:	Soni an alter w
(Mailing address MAY BE A POST OFFICE BOX)	SORR W WE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent:	ORRIE A. CAMERON,
New Registered Office Address:	Enter Florida street address
Clear	woter , Florida 33761
- · · · · ·	City Zip Code
hi th ta la la di Cinnadon (Colombia Demistra) Amondo	

#### 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>	Address	Type of Action
MGR	IRA FRIEDMAN	2430 ESTONCIA B Clearworn, FL. 3376	<u> V )</u> □ Add
		Clearwood, Ft. 3376	. Memove
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	other than th		l cannot be prio	r to date of filin	g or more than 90		) g.) Pursuan	
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in effective date is ote: If the date cument's effect record spec	listed, the date mi inserted in this b	Department of S ed effective d	late, but no	S.			on the	earlier

Page 3 of 3

Filing Fee: \$25.00