(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	; #)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Physic SUBJECT:	cal Education LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	les of Amendment and fec(s) are su	ibmitted for filing	
Please return all con	rrespondence concerning this matte	er to the following:	
	Adam Lee		
	Physical Education LLC	Name of Person	
	8521 Beauchamp Lane	Firm/Company	
	Jacksonville. FL 32217	Address	
		City/State and Zip Code	
For further informa	E-mail address tion concerning this matter, please	to be used for future annual report notificals.	fication)
Adam Lec		850 212-5999	
N	ame of Person		e Telephone Number
Enclosed is a check	for the following amoun:		
■ \$25.00 Filing F	ce \$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
R	IAILING ADDRESS: egistration Section fivision of Corporations	STREET/COURI Registration Section Division of Corpor	π

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Lim	ited Liability Company as it (A Florida Limited Liability	n <mark>ow appears on our records.</mark> Company)	.)	
he Articles of Organization for this Limited lorida document number L18000072352	Liability Company were fi	led on 3/20/2018		and assigne
his amendment is submitted to amend the fo	ilowing:			
. If amending name, enter the new name	of the limited liability co	mpany here:		
ne new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC"	or the abbr	eviation "L.L.C."
nter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
nter new mailing address, if applicable:				
<u> 1 ailing address MAY BE A POST OFFICI</u>	E BOX _I			
				.
 If amending the registered agent and gistered agent and/or the new registered 	~	idress on our records,	enter th	
			SEC ALI	2019
Same of New Registered Agent:				ZOIS NOV
New Registered Office Address:	8521 Beauchamp Lane		35.55 7.35.	= =====================================
Hogewere Girles Hause.	 	Enter Florida street adares:	ाँको सभ	₹ m
	Jacksonville	Flor	rida; 3221	売 ロ
		· , 1 101	<u> </u>	-zip Code

New Registered Agent's Signature, if changing Registered Agent:

Physical Education LLC

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 anciaccept 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>Name</u>	<u>Address</u>	Type of Action
Travis Kossol	{2750 Longview Drive W.	
		= Add
	Jacksonville, FL 32223	
		□ Remove
		Cnang:
Travis Kossol	12750 Longview Drive W.	
		a Add
	Jacksonville, FL 32223	
		Remove
Adam Lee	8521 Beauchamp Lane	
	Jacksonville. FL 32217	
		☐ Remove
		Change
		Add
		[] D
		□ Remove
		Change
		Change
		Remove
		Change
	- <u></u>	Remove
		Change
	Travis Kossol	Travis Kossol Jacksonville, FL 32223 Travis Kossol 12750 Longview Drive W. Jacksonville, FL 32223 Adam Lee 8521 Beauchamp Lane Jacksonville, FL 32217

ocument's errocuve date on the Bep	out them of Suite 3 feet			
an effective date is listed, the date must Note: If the date inserted in this block ocument's effective date on the Dep	ck does not meet the app	plicable statutory filin		
ffective date, if other than the of an effective date is listed, the date must		nion to dota of Climan	(optional)	Discount to 405 03
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				<u> </u>
				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00