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COVER LETTER

то:	Registration Sec Division of Corp						
CIUD III	~~~	ning Associates LLC					
SUBJECT:							
The enci	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.				
Please re	eturn all correspo	ndence concerning this matter t	o the following:				
		Yolanda Larner					
			Name of Person				
		Holley Training Associates	LLC				
Firm/Company							
	551 First Cape Coral Dr						
	Address						
	Winter Garden, FL 34787						
			City/State and Zip Code				
		yolanda.training@hotmail.c					
		E-mail address: ()	to be used for future annual report not	ification)			
For furt	her information c	oncerning this matter, please co	all:				
Yolanda Larner		313 443-8797 at ()					
•	Name o	t Person	Area Code Daytin	ne Telephone Number			
Enclose	ed is a check for the	he following amount:					
	5.00 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			
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	orations			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holley Training Associates LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 19, 2018 and assign Florida document number 1.18000098619 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HTA Consulting LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Zip Code City 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 com, provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabi company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Ag

Page 1 of 3

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type
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an effe	ve date, if other than the date of fitting. Extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 list the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list.
<u>vote:</u> locum	ent's effective date on the Department of State's records.
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	er value sime at 12:01 a.m. on the early
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earls
The	90th day after the record is filed
ated	Soutember 28, 2019.
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Filing Fee: \$25.00