

L18000129502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

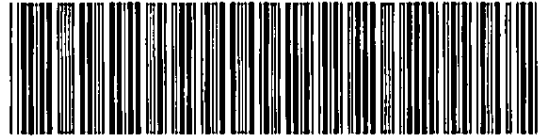
(Business Entity Name)

(Document Number)

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18 OCT -1 AM 7:39  
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OCT 08 2018  
T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REVERSE Sales Training, LLC (old NAME)  
Name of Limited Liability Company  
(NEW NAME) NETSALESVP, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael W. Johnson  
Name of Person  
OLD: REVERSE SALES TRAINING, LLC  
NEW: NETSALESVP, LLC  
Firm/Company  
10391 McARTHUR PALM LANE #2612  
Address  
FT. MYERS, FL. 33966  
City/State and Zip Code  
JOHNSON22RVC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL W. JOHNSON at (516) 782-8475  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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  
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**

REVERSE SALES TRAINING, 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 05/23/2018 and assigned Florida document number L18000129502.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: NETSales VP, 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: (same) Michael W. Johnson  
(Principal office address **MUST BE A STREET ADDRESS**) 10391 McARTHUR Palm LA. #2612  
FT. MYERS, FL. 33966

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

N/A

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.* N/A

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: *N/A*

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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| _____        | _____       | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |

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 MISSOURI

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I AM ceasing all operations AS "REVERSE Sales Training" LLC. THE PURPOSE IS DUE TO MY LACK OF ANY CLIENTS OR CUSTOMERS FROM 5/23/18 UNTIL TODAY 9/28/18.

I AM keeping the LLC and changing ITS NAME TO REFLECT MY NEW BUSINESS OF CONSULTING TO BUSINESS OWNERS AS THEIR PART TIME VPOF SALES AND CALLING IN "NETSALES VP," LLC.

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18 OCT -1 AM 7:39  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: Oct. 15, 2018 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Sept. 28, 2018

Michael W. Johnson  
Signature of a member or authorized representative of a member

Michael W. Johnson

Typed or printed name of signer