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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	MAIL	
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

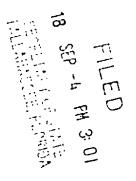
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COVER LETTER

TO:

TO:		istration Se- ision of Cor			
e 1 / 13 1	urcar.	Tampa Bay	y Career Center LLC		
SOR	IECT:		Name of Limi	ted Liability Company	
The e	nelosec	l Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please	e return	all correspo	ndence concerning this matter	to the following:	
			Elizabeth Emery		
				Name of Person	
			Tampa Bay Career Cent	er	
				Firm/Company	
			4140 US Hwy 19		
				Address	
			New Port Richey, FL 346	552	
			elizabeth_emery70@yaho	City/State and Zip Code	
			E-mail address: ()	o be used for future annual report not	fication)
For fi	arther in	nformation c	oncerning this matter, please ca	ıll:	
Eliza	ibeth E	mery		727 859-2614	
		Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclo	osed is a	i check for th	ne following amount:		
■ \$	25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Bay Career Center LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa		and assigned
Florida document number L18000164793		•
This amendment is submitted to amend the following:		18
A. If amending name, enter the new name of the limited li	iability company here:	SE FIL
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LI	LC" or the abbreviation *E.L.C.
Enter new principal offices address, if applicable:		PH 3
(Principal office address MUST BE A STREET ADDRESS,	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address between the registered of the registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or the registered agent and/or the new registered agent and/or the registered agent and/or the new registered agent age		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	,	Florida
-	City	Zip Code
St. D. St. D. G. G. G. G. G. G. G. D. Con D. Con and Appe		

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 anvending 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	Tobias Bacaner		Add
			■ Change
			Add
			⊋ □ Remove
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Filing Fee: \$25.00