

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	
(Bu	usiness Entity Name)
	ocument Number)
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10/24/19--01019--009 ++23.00





COVER LETTER

TO: Registration Section Division of Corporations

SECURUS, LLC

Name of Limited Liability Company

The anciered Articles of	Amendment and fee(s) are sub	nsitted for filing	
	ondence concerning this matter		
	A. Clay Milton		
		Name of Person	
	Fuqua & Milton,, PA		
	D (). D 1509	Firm/Company	
	P.O. Box 1508		
	Marianna, FL 32447	Address	
	michele@ten8life.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
	concerning this matter, please c		
A. Clay Milton		at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. I	LING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Securus, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/13/18	and assigned
Florida document number L18000192599	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ten8 Training Solutions, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" o	r the abbiev	iati 🎰 🗉 L	L.C."
Enter new principal offices address, if applicable:		006	ч ;
(Principal office address MUST BE A STREET ADDRESS)	-	12	
	•		•
	-	ę.	. •
Enter new mailing address, if applicable:	.—	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ldress
	City	, Florida 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.

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

Title	<u>Name</u> Arthur Kimbrough	Address 4402 Lafayette Street	<u>Type of Action</u>
AR			Add
		Marianna, FL 32446	📕 Remove
			Change
MGR	Arthur Kimbrough	4402 Lafayette Street	
		Marianna, FL 32446	Add Add
			C Remove
			Change
			🖸 Add
			Remove
			Change
			🗖 Add
			Remove
			Change
. <u> </u>	 ,		Add
			Remove
			Change
			Add
			Remove
			Change

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

 -

E. Effective date, if other than the date of filing: ____

(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 ____ Signature of a member or authorized representative of a member

Michele T. Kimbrough

Typed or printed name of signee

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Filing Fee: \$25.00