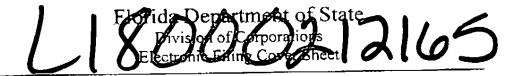
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000278179 3)))



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To:

Division of Corporations

Fax Number : (650)617-6383

From:

Account Name : MCLIN & BURNSED P.A.

Account Number : 104657003604 Phone : (352)753-4690

: (352)751-4993 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mauis Homclinburysod. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOCBIRD - POSITIVE CHANGE: TRAINING AND DEVELOPMENT

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COVER LETTER

	gistration Sect vision of Corp				
	Docbird - Po	sitive Change:Training and De	velopment		
SUBJECT	:	Name of Limited Liability Company			
The enclos	ed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please retu	m all correspon	dence concerning this matter to	o the following:		
		Sarah E. Uhrik			
			Name of Person		
		McLin Burnsed			
			Firm/Company		
		1028 Lake Suinter Landing	,		
			Address		
		The Villages, FL 32162			
		- Lick wallinkumsed com	City/State and Zip Code	- 	
		sarahu@mclinbumsed.com	to be used for future annual report notifi	cation)	
For furthe	r information c	oncerning this matter, please ca			
Sarah Uh			352 259-5011 at (Telephone Number	
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	0 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 radditional 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**

	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited L. Florida document number <u>L18000212165</u>	iability Company were filed on 9/	6/2018 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company h	ere:
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 appli-	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	
	d/or registered office address office address here:	on our records, enter the name of t
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	1/or registered office address of	on our records, enter the name of t
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address of office address here: Sarah E. Uhrik, Esc. 1028 Lake Sumter Landing	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	d/or registered office address of office address here: Sarah E. Uhrik, Esc. 1028 Lake Sumter Landing Enter Fo	lorida street oddress
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	I/or registered office address of office address here: Sarah E. Uhrik, Esc. 1028 Lake Sumter Landing	

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 padress. I hereby confirm that the limited liability company has been notified in writing of this change.

nging 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>Title</u>	Name	Address	Type of Action
AR	Stephen Birchak	706 Vibrant Lanc	
-		The Villages, FL 32163	Remové
			Change
MGR	Stephen Birchak	706 Vibrant Lone	Add
		The Villages, FL 32163	Remove
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			☐ Change
			\ \ \ \ \ \ _
			□ Rænove
			Change

	* Please see attached Amended Articles of Organization.
ra.	other date if other than the date of filing:(optional)
- N/A/	ctive date, if other than the date of filing: cifective 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 (e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as turnent's effective date on the Department of State's records.
	results along at 12:01 a milion the earlier of
the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of he 90th day after the record is filed.
,, ,	ne soull day after the record is medi-
	9/24/10
Dat	ed 9/24/18
	State Buch
	Signature of a member or authorized representative of a member
	Stephen Birchak Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00