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COVER LETTER

Div					
SUBJECT:	Pletcher Tra				
SOBJECT.		Name of Lim	nited Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		J.J. Pletcher			
•			Name of Person		
		Pletcher Training Center, I	LLC		
			Firm/Company		
		13373 S. Magnolia Avenu	c		
			Address	THE LAND LAND LAND LAND LAND LAND LAND LAND	17
		Ocala, FL 34473		45	
•		Paytonte@aol.com	City/State and Zip Code		ごび
•		E-mail address: (to be used for future annual report notific		
For further in	iformation co	oncerning this matter, please co	all:	400 M	
J.J. Pletcher			352 347-7000 at ()	<u> </u>	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Pletche	er Training Center LLC
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000212472</u>	empany were filed on 09/06/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDREST)	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	<u>iss nere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	,,

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Betty Massey	4932 Briarwood Place Dallas, TX 75209	Add
			Add
			■ Remove
			Change
•			
			□ Remove
			Change
			Add TI
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in	an the date of fi date must be specific this block does n	01/02/2019 iling: c and cannot be prior to not meet the applicab	date of filing or more	(option than 90 days after fi	n al) iling.) Pursuant to 605. date will not be liste	0207 (3 d as the
document's effective date o						
the record specifies a d) The 90th day after th			an effective tim	e, at 12:01 a.	m. on the earlie	er of:
Dated		2019	. •			
	J. 1. 1. E	the				
	Signature of	of a member or authori	zed representative of	member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00