

L19000067731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

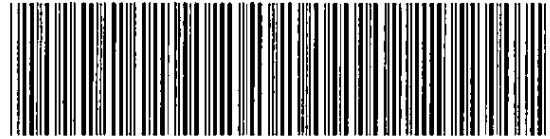
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/17/23

wrong form

Office Use Only



200412333292

CHATHAM

UCI 20 2023

07/17/23--01019--003 **52.50

10/17/23 12:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2023

DARREN WELLS
309 SW 26 ST
FORT LAUDERDALE, FL 33315 US

SUBJECT: FORT LAUDERDALE FIREFIGHTERS TRAINING ASSOCIATION,
LLC
Ref. Number: L19000067731

We have received your document for and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 023A00019169

AUG 17 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORT LAUDERDALE FIREFIGHTERS TRAINING ASSOCIATION, LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DARREN WELLS
Name of Person

Firm/Company

309 SW 26 ST
Address

FORT LAUDERDALE FL 33315
City/State and Zip Code

FLFireexpo @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARREN WELLS at (561) 729-9869
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)

Already paid (Wrong Form)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FORT LAUDERDALE FIREFIGHTERS TRAINING ASSOCIATION, 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 3/11/2019 and assigned
Florida document number L19000067731.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

DARREN WELLS

New Registered Office Address:

309 SW 26 ST

Enter Florida street address

FORT LAUDERDALE

FL 33315

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.



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>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Salzano	1151 SW 2 ST	<input type="checkbox"/> Add
		Boca Raton FL 33486	<input checked="" type="checkbox"/> Remove
		or 309 SW 26 ST Fort Lauderdale FL 33315	<input type="checkbox"/> Change
MGR	Dustin Miller	309 SW 26 ST	<input type="checkbox"/> Add
		Fort Lauderdale FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gabriel Zahara	309 SW 26 ST	<input type="checkbox"/> Add
		Fort Lauderdale FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2023 OCT 17 PM 12:28:07

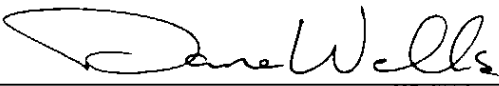
E. Effective date, if other than the date of filing: _____ (optional)

(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 10/11/2023



Signature of a member or authorized representative of a member

Darren Wells

Typed or printed name of signee