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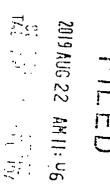
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## COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

SUBJECT: 3E	FFREY D. L	ENCO LLC ted Liability Company	<u> </u>
	Name of Linn	ted training Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter (	o the following:	
	JEFFR	EY DAVID	<b>LENCO</b>
		Name of Person	
	LLC		
		Firm/Company	
	liono		11-
	4940	VORTEX A	VE
		Address	
	NEW POI	2T RICHEY	FLA 34652 GMAIL, COM
		City/State and Zip Code	
	JEFFRE	1 LENCO@	GMAIL, COM
	E-mail address: (t	o he used for future annual repo	ort northeation)
For further information con	cerning this matter, please ca	II:	
Jeffrez	DUNID LEHO	5 (FeC) 16 C	226-2194
Name of P	erson	Area Code	Payrime 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 enclose	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	G ADDRESS:		OURIER ADDRESS:
Registration Section Division of Corporations		Registration Division of (	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEFFREY D.	· · · · · · · · · · · · · · · · · · ·	
(Name of the Limited I	Jability Company as it now appears on our records. Torida Limited Liability Company)	
	aliala	na 10
The Articles of Organization for this Limited Liabi	lity Company were filed on	and assigned
The Articles of Organization for this Limited Liabi Florida document number <u>L 19 000</u>	0 73788	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	V)	
Withing address Will Dr. 11 Voc VI 1 Co. 190		
		77.77
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name=of the new
registered agent and/or the new registered office	address neve.	7 116 2
No. 1. EN as Decimend Venue		2 .
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	- <b>5</b>
<u>-</u>	, Flor	ida
	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>		Type of Action
MGR	JEFFREY DAVID LE	H CO	4940 VORTEX	AVE/ _D/Add
		NEW PO	IRT RICHEY, FLA.	□ Remove
			34652	Change
				🗆 Add
				□ Remove
		<del></del>		Change
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			4.11		
an effective date is ote: At the date i	other than the date of f listed, the date must be specifi inserted in this block does a ive date on the Department	ic and cannot be prior to date not meet the applicable s	of filing or more than 90 tatutory filing requirer	(optional) days after filing.) Pursuant nents, this date will not l	to 605,020 be listed as
	fies <b>a delaye</b> d effective after the record is fil		effective time, at	12:01 a.m. on the	earlier o
ated AUG-	Jeffrens	2019 David	Lem	<u> </u>	_
	U   Mgnatur	of a member or authorized	representative of a memb	ic.i	

Page 3 of 3

Filing Fee: \$25.00