L19000103682

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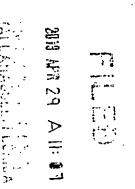
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COVER LETTER

	Registration Secti Division of Corpo			
SUBJEC	et: <u>Simo</u>	n'S FITE ARN Name of Limi	ne & Fanily Safet	Training"LLC"
The encl	osed Articles of Ar	nendment and fee(s) are subi	mitted for filing.	
Please re	turn all correspond	ence concerning this matter	to the following:	
		James K. Sim	Name of Person	·
			Firm/Company	
		7268 Buck	s Ford Drive	·
		Riverview, F JSimons 41 E-mail address: (1	City/State and Zip Code Committee Communication of Communications	ntion)
For furth	er information con	cerning this matter, please ca		
J	ames Si	M(T)\ erson	at (813) 141.04 Area Code Daytime T	elephone Number
Enclosed	l 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)

MAILING ADDRESS:

TO:

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

The Articles of Organization for this Limited Liability Company were filed on HIS 1009 and assigned Florida document number 19000103682.

This amendment is submitted to amend the following:

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

SINON FICE ON SECTION S

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			🗖 Add
			☐ Remove
			☐ Change

ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
4/25 2019	
Signature of a member or authorized representative of a member	
Thurst K Simon)	
(c	ctive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listered by the date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier goth day after the record is filed.

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Filing Fee: \$25.00