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PICK-UP WAIT MAIL
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SEUME LARY OF SINIC

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>Com</u>	PLETE ATHL Name of Limi	ETE PERFORMANI ited Liability Company	CE TRAINING INCTITUTE
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	EDWIN	OYAKHILOME Name of Person	···-
			ce Training Institute
	22702 SK	IVIEW (IKCLE	
	BKUUKSUILI.E	City/State and Zip Code	
		Ory Hill (Ory)	
For further information co	neerning this matter, please ca	all:	
EDWIN OY Name of	AJCHILOTVIE Person	at (813) 355 Area Code Daytime	- 6671 e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN -3 AH 8: 30

SELLETARY OF STATE
TAIT AHASSEE, FL

COMPLETE ATHLETE PERFORMANCE TRAINING INSTITUTE LLC

(Name of the Limited Liability Company as it now appears on our records.)

	City	Zip Code
		rida
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:	N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u> t	the name of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:	N)H	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new principal offices address, if applicable:	NIA	
The new name must be distinguishable and contain the words "Limi	•	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limi	ted liability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L.19000</u> 2	33214	
The Articles of Organization for this Limited Liability Co.	onipany were filed on 911612	019 and assigned
	Limited Liability Company)	THAMASSEE, FL

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 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	FLORES, CARLOS	27039 SILVERLEAF N	DAY □Add
		Wesley Chapel FL 339	544 Remove
			□ Change
			🗆 Add
			□Remove
			□Change
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Filing Fee: \$25.00