# L19000233214

(Requestor's Name)
(Address)
,
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(City/State/Zip/Phone #)
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(Document Number)
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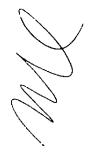




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SECRETARY OF STATE
TALLAHASSEF EI



# **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

COMPLE SUBJECT:		NCE TRAINING INSTITUTE LLC	· · · · · · · · · · · · · · · · · · ·		
	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	EDWIN OYAKHILOME				
	<del></del>	Name of Person			
	CAPT SPORTS AGEN	CYLLC			
		Firm/Company	_		
	22702 SKYVIEW CIRC	LE		SEC	202
	<del></del>	Address	<del> </del>	ALL	8
BROOKSVILLE, FL 34602			TAR) AHA	=	
City/State and Zip Code yandtgroup@gmail.com			SECRETARY OF STATE TALLAHASSEE, FL	PH	
		to be used for future annual report noti	fication)	STA	Ę.
For further information	concerning this matter, please of	all:		, IE	,7
EDWIN OYAKHILOM	NE.	813 355-6671			
Name	of Person	at ()	e 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)	Certified Co	rtificate of Status &	
Mailing Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### COMPLETE ATHLETE PERFORMANCE TRAINING INSTITUTE LLC

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

	(A Florida Limited Liability Co.	mpany)	
The Articles of Organization for this Limited I Florida document number L19000233214	Liability Company were filed	d on <u>09/16/2019</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability comp	pany here:	
CAPT SPORTS AGENCY LLC			
The new name must be distinguishable and contain the	words "Limited Liability Compan	iy," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<i>(</i> ) N
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	: BOX)		CT II RH 4: 47 RETIARY OF STATE
B. If amending the registered agent and/or agent and/or the new registered office addresses	E.	n our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:	Y & T TAX AND ACCOUNTING SERVICES LLC		
New Registered Office Address:	5865 SW 23 STREET		
	Enter Florida street address		
WEST PARK		Florida <sup>33</sup>	3023
	City	,	Zip Code
Nam Destatand transfer Clauston, if abandon	Dagistanad Agants		

## 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
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		ZEPHRYHILLS. FL 33541	□Remove
			□Add
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filin does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 6 y filing requirements, this date will not be li	05.0207 ( sted as t	(3)(b) he
the record specifies a delayed effective deord is filed.	ate, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day af	ter the	
10/01 Dated	2024			
Ellin 1	)			
Sių	nature of a member or authorized represen	ntative of a member		
EDWIN OYAKHILOME				

Filing Fee: \$25.00