

L19000234232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

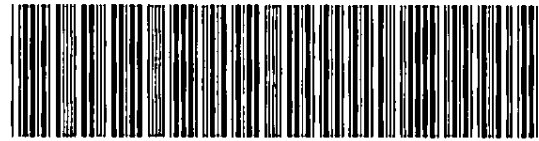
(Business Entity Name)

(Document Number)

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08/20/21--01006--007 **43.15

2022 SEP 14 PM 1:43

FILED

NAMECHY

SEP 14 2021

ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTER FOR INFORMATION, TRAINING & CONSULTING 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:

Claudia Laurenceau

Name of Person

CENTER FOR INFORMATION, TRAINING & CONSULTING LLC

Firm/Company

2561 SW Grotto Cir

Address

2561 SW Grotto Cir

City/State and Zip Code

Port Saint Lucie, FL 34953

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Laurenceau

786 3268742

at ()

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)

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



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 14 PM 12:06

September 3, 2021

CLAUDIA LAURENCEAU
2561 SW GROTTTO CIR
PORT ST. LUCIE, FL 34953

SUBJECT: CENTER FOR INFORMATION, TRAINING & CONSULTING LLC
Ref. Number: L19000234232

We have received your document for CENTER FOR INFORMATION, TRAINING & CONSULTING LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 521A00021421

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

CENTER FOR INFORMATION, TRAINING & CONSULTING LLC

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

FILED
2022 SEP 14 PM 1:43
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9.17.19 and assigned
Florida document number L19000234232.

This amendment is submitted to amend the following:

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

Assist 2 Success LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida

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>
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
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_____	_____	N/A	<input type="checkbox"/> Change
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	N/A	<input type="checkbox"/> Remove
_____	_____	N/A	<input type="checkbox"/> Change

[illegible]

(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)

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.

Candia Lawrencean
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00