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(R	equestor's Name)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		g and Consulting, LLC		
SUBJE	.C.I:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Karl A. Morgan		
			Name of Person	
		4M Training and Consultir	ng. LLC	
			Firm/Company	
		503 Plantation Road,		
			Address	
		Perry, FL 32348		
		4mtrainngandconsulting@g	City/State and Zip Code mail.com	
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
Karl A	, Morgan		850 371-1046	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4M Training and Consulting, LLC

company has been notified in writing of this change.

20157 1-4 PH 12: 03

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

The Articles of Organization for this Limited Liability Company	were filed on 10-11-20	and assigned
Florida document number L19000256596		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our	records, enter the name of the new
registered agent and/or the new registered office address here	2.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
	Florida	
	City	Lip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my di	uties, and I am familiar with and
accept the oraginants of my position as registered agent as f	полиси јог и стари	21 1005, 1 .c. Or, if this withinteness

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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	Karl Morgan		Add
			□ Remove
			■ Change
ABMR	Elizabeth Morgan		Add
			■ Remove
			☐ Change
.			
			□ Remove
			Change
**************************************			Add
			□ Remove
			Change
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			Remove
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lf an effectiv <u>Note:</u> If th	date, if other that we date is listed, the date inserted in the s effective date on	ate must be specific a this block does not	ind cannot be prio t meet the appli	cable statutory filir	nore than 90 days at	tional) ter filing.) Pursuant to his date will not be	605.0207 listed as
	d specifies a de th day after the			ot an effective	time, at 12:01	a.m. on the ea	rlier of
Dated Nov	rember 1	-/+	2019	·			
		Signature of	member or auti	norized representativ	e of a member		-
		, / , ,	7				
	Karl A. Morgan	X	/				

Page 3 of 3

Filing Fee: \$25.00