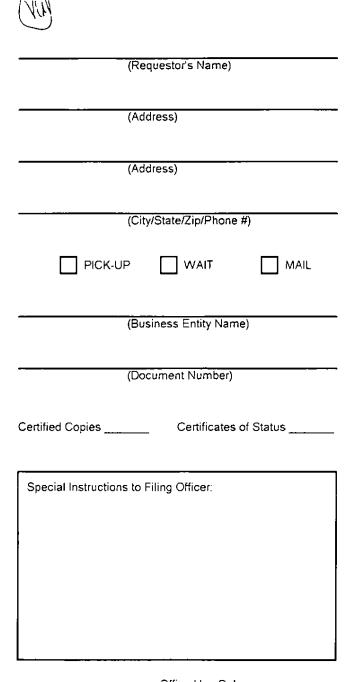
L19000272908



Office Use Only



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TALLAHASSEF, FI

FILED

COVER LETTER

TO: Registration Division of C	n Section Corporations		
	JR TRAINING GROUP, LCC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Roger K Jackson		
		Name of Person	
	Op Four Training Group		
		Firm/Company	
	3108 Skyhawk Dorive 🕠	r.ve	
		Address	
	Crestview, FL 32539		
	anformation (Compil com	City/State and Zip Code	 _
	opfourtraining@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further informati	on concerning this matter, please c	all:	
Roger K. Jackson		719 661-0496	
Na	me of Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check t	for the following amount:		
≡ \$25.00 Filing Fe	e = \$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)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

FILEU

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OP FOUR TRAINING GROUP, LCC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000272908	were filed on 10/31/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
OP FOUR TRAINING GROUP, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EC 19 PM S
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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 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
			□Add
			□Remove
			□Remove
			⊡Change
			CIAdd
			□ Remove
			Change
			Remove
			□Change
			⊡Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	,
(If an el Note:	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the fled.
Dated	,
	<u> </u>
	Signature of a member or authorized representative of a member
	•

Filing Fee: \$25.00