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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,

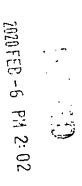
Office Use Only



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R. WHITE MAR 0 3 20:3



COVER LETTER

Division of Cor			
SPX Train	ing LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jacob Coyle		
		Name of Person	
	SPX Training LLC		
		Firm/Company	
	318 7th ave N		
		Address	
	Tierra Verde, FL 33715		
		City/State and Zip Code	
	jcoyle85@yahoo.com	to be used for future annual report notificat	ion)
For further information of	concerning this matter, please c		,
Jacob Coyle		216 410 8559	
Name o	of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Section	วก

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SPX Training LLC

2020 FED -6 PH 2: 02

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our red da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number £20000026024		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	****	
B. If amending the registered agent and/or register	ed office address on our records, er	iter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street ac	ldress
<u>—</u>		, 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 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
	Jacob Coyle	318 7th Ave N. Tierra Verde FL 33715	= Add
			□Remove
			□Change
	Joshua Coyle	8400 6th st N. St Petersburg FL 33702	\ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the Do	t be specific and cannot be pri ock does not meet the app	or to date of filing or more licable statutory filing r	(optional) than 90 days after filing.) Preequirements, this date will	irsuant to 605.02 I not be listed
ord specifies a delayed effective filed.	e date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after ti
February 3	2020	·		
	7 /			

Filing Fee: \$25.00