## L20 000071311

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ry/State/Zip/Phone #	<del>f)</del>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	<del>s)</del>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Amend

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## **COVER LETTER**

TO: Registration Division of C		ر د د	
SUBJECT: 4	ersonaliz Name of Limi	ed F. +Ness* ted Liability Company	TrainingLLC
The enclosed Articles	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	A	-lene G. Jo	hnson
	Person		ess Training LLC
	7204	S. Tamiam	<u>i Tr1.</u>
	Saras	ofa FL 36 City/State and Zip Code	4231
	E-mail address: (1		gmail.com
For further information	n concerning this matter, please ca	ill:	
Arlene	G. Johnson	rate (178) 438 Area Code Daytime	3-5088_ 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)	Certificate of Status & Certificate 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on Feb 38, 3030 and assigned
This amendment is submitted to amend the following:	_3
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N Q P
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5600 Beachway Dr. Unit 305 Siesta Key, FL 34242
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: N 0	<u> </u>
New Registered Office Address:	Enter Florida street address

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
OMBR	Arlene G. Johnson	5600 Beachway Dr	
•		Unit 305	□Remove
		Siesta Key, FL 3424	Change
ambr	Robert P. McDaniel	1785 Boxwood Dr.	□Add
		acworth, GA 3010	Remove
			*Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
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			□Add
			□Remove
			□Change
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			□Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ilf an effec <u>Note:</u> 11	e date, if other than the date of filing:
f the record ecord is filed	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 d.
Dated <u>V</u>	May 1 2020
	Signature of a member or author/ed representative of a member
	Arlene G. Johnson Typed or printed name of signee