

Division of Corporations

Florida Department of State
Division of Corporations
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(((H20000151133 3)))



H200001511334809

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803)255-9617
Fax Number : (561)483-7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kevinbandersonwork@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANDERSON PASSING ACADEMY, LLC

Certificate of Status	0
Certified Copy	1
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2020 MAY 21 AM 11:02

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TALLAHASSEE, FLORIDA

2020 MAY 21 PM 4:44

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Y SULKER

MAY 22 2020

Fax Audit No. H20000151133 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ANDERSON PASSING ACADEMY, LLC

(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 MAY 12, 2020 and assigned
Florida document number L20000125184

This amendment is submitted to amend the following:

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

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:

2131 NW 30TH ROAD

(Principal office address **MUST BE A STREET ADDRESS**)

BOCA RATON, FL 33431

Enter new mailing address, if applicable:

2131 NW 30TH ROAD

(Mailing address **MAY BE A POST OFFICE BOX**)

BOCA RATON, FL 33431

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:

KEVIN ANDERSON

New Registered Office Address:

2131 NW 30TH ROAD

Enter Florida street address

BOCA RATON

Florida

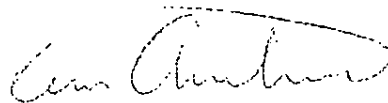
33431

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

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(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 405.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 19 2020

Ken Arnold

Signature of a member or authorized representative of a member

KEVIN ANDERSON, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

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