

L20000152427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

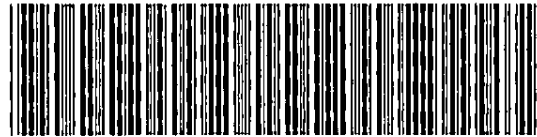
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500351340435

09/01/20--01022--005 **25.00

FILED
2020 NOV 16 PM 5:12
CLERK OF COURT
JACKSONVILLE
FLORIDA

NOV 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trained to Save Lives LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kiara West
Name of Person
Trained to Save Lives LLC
Firm/Company
1662 SAN SOving St SE
Address
Palm Bay, FL 32909
City/State and Zip Code
TrainedtoSaveLives29@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kiara West at (321) 306 9956
Name of Person Area Code Daytime 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) ☐ \$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 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**

Trained to Save Lives 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 06/04/2020 and assigned
Florida document number L2000152427.

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:

(Principal office address MUST BE A STREET ADDRESS)

4670 Lipscomb St NW
Unit 4
Palm Bay, FL 32905

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1662 San Soring St SE
Palm Bay, FL 32909

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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>
MGR	Kiara west	4670 Lipscomb St NE	<input checked="" type="checkbox"/> Add
		Unit 4	<input type="checkbox"/> Remove
		Palm Bay, FL 32905	<input type="checkbox"/> Change
AMBR	Kiara west	4670 Lipscomb St NE	<input checked="" type="checkbox"/> Add
		Unit 4	<input type="checkbox"/> Remove
		Palm Bay, FL 32905	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2020 NOV 16 PM 5:12
ASB/STP

2020 NOV 16 PM 5:12
DE STATE
LABORATORY

FILED
2020 NOV 16 PM 5:12
DISTRICT COURT
JULIA A. KENNEDY
CLERK

(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 605.0207 (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.

Dated NOV. 9., 2020

Kindres

Kiara West

Typed or printed name of signee