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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: PRO AB ELITE TRAIN	ing
	imited Liability Company
The enclosed Articles of Amendment and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matt	
ANDRE	D. BROWN Name of Person
PRO AB EN	He Training, UC Firm/Company
1105 Coasta	BAY BIVE.
Bomton Bro	City/State and Zip Code
dreday42002 E-mail address	E YAND. COM s: (to be used for future annual report notification)
For further information concerning this matter, please	call:
Andre Brown Name of Person	at (SV) 523 · 3924 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	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	٠ , ١ لـ (
(<u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 7-29-20	and assigned
Florida document number L 20000206019	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
PRO AB EITHE The new name must be distinguishable and contain the words	Training, LLC	
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 A	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new registere
agent and/or the new registered office address ne	 .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
		1
-	, Florid	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
			□Remove
			□Change
			□Add
			Remove
			□Add
			□Remove
			□ Change
			□Remove
			□Add
		□ Remove	
		Change	
		□Add	
		Remove	
			□Change

If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
	
_	
(If an effective Note: If	te date, if other than the date of filing:
ne record ord is file	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 _	August 3 2020 Signature of a member or authorized representative of a member
	AND A Brown Typed or printed name of signee