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COVER LETTER

TO: Registration Section

Div	ision of Cor	porations		
our in on	CHRIS PAI	RKS TRAINING LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The anglessa	Articles of	Amendment and fee(s) are sub	mitted for filing	
			_	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHRISTOPHER PARKS		
			Name of Person	
		CHRIS PARKS TRAININ	G LLC	
			Firm/Company	
		85 PINE HAVEN DRIVE		
			Address	
		PALM COAST FL 32164		
			City/State and Zip Code	
		CHRISPARKSTRAIN@GI	MAIL.COM	
		E-mail address: (to be used for future annual report	notification)
For further i	nformation c	oncerning this matter, please ca	all:	
LYUBA SII	EGEL		386 569-9178	3
	Name o	f Person	Area Code Day	ytime Telephone Number
Enclosed is	a check for th	ne 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)
	iling Addres		Street Address Registration	
	-	Corporations	_	Corporations
P.0	D. Box 632	.7 ·		of Tallahassee
Ta	Ilahassee, l	FL 32314	2415 N. Mo:	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRIS PARKS TRAINING		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number L20000225989	npany were filed on 07/29/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I.	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
		020
		8 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		25 - M
		EE S
	•	32 FL
B. If amending the registered agent and/or registered on agent and/or the new registered office address here:	office address on our records, <u>ent</u>	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	iress
		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 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>	Address	Type of Action
AMBR	CHRISTOPHER PARKS	85 PINE HAVEN DRIVE, PALM COAST, FL 3216	4 ■ Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if other than the date of filing:		(optional)	
effective date is listed, the date must be specific and cannot be prior to tee. If the date inserted in this block does not meet the applicable.	date of filing or more than 90 ble statutory filing requires	days after filing.) Pursuant to nents, this date will not be	605.020 listed a
cument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective tim s filed.	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day	after the
s med.			
ed 10/05/2020 11:00 AM	1		

\$30 00

Filing Fee: \$25.00

Typed or printed name of signee