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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

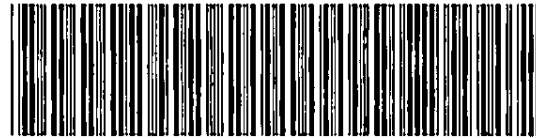
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/07/20--01015--016 **30.00

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHRIS PARKS TRAINING 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:

CHRISTOPHER PARKS

Name of Person

CHRIS PARKS TRAINING LLC

Firm/Company

85 PINE HAVEN DRIVE

Address

PALM COAST FL 32164

City/State and Zip Code

CHRISPARKSTRAIN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYUBA SIEGEL

386 569-9178
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
AMBR	CHRISTOPHER PARKS	85 PINE HAVEN DRIVE, PALM COAST, FL 32164	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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TALLAHASSEE, FL


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TALLAHASSEE, FL

(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)

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.

10/05/2020 11:00 AM

d



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

830 00