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COVER LETTER .

TO:	Registration Section Division of Corporations	•	
SUBJI	Delightful Trainic Name of Limited Liability	y Company	
The en	nclosed Articles of Amendment and fee(s) are submitted for	filing.	
Please	e return all correspondence concerning this matter to the follo	owing:	
	Diana An	drew - Peterson	<u> </u>
	<u>Delightful</u>	Training LLC	<u>. </u>
	<u>6504 Ficus</u>	Address	
	Milama, Fl City/Stat	<u> 330+3</u> · te and Zip Code	2020 SEC TA
	Hzdveuzacj E-mail address: (to be used)	mail. (OM - for future annual report notification)	1020 AUG 21
For fur	urther information concerning this matter, please call:		
J	Name of Person at	(954) 940 - 033 Area Code Daytime Telephone N	1
Enclos	osed is a check for the following amount:		
II-82	Certificate of Status Cer	rtified Copy Ce ditional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
	Mailing Address: Registration Section	Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Name of the Limited Liability Compan (A Florida Limited Li	rability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L20002273</u> 74	, ,	and assig	med
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Labilians"	· .		
The new name must be distinguishable and contain the words "Limited Habili	ity 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)	N/H.		******
		2	, 145 a. a 4
Enter new mailing address, if applicable:		 	
(Mailing address MAY BE A POST OFFICE BOX)	<i>N</i> /# ·	- 177; - 1	
		<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new	registered
Name of New Registered Agent:	N / A.	_	
New Registered Office Address:			
	Enter Florida street address		
	, 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 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
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