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COVER LETTER

TO:

TO: Registration So Division of Cor			
Nicholson '	Training, LLC	, pa	•** ¬
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	Glen Nicholson		
		Name of Person	
	Nicholson Training, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	6058 Seminole Gardens C	ir	
		Address	
	Palm Beach Gardens, FL 1	33418	
		City/State and Zip Code	
	nicholsontraining@gmail.c	om	
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please c	all:	
Glen Nicholson		561 951-6834	
Name o	f Person	at () Area Code Dayi	ime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C		Division of C	
P.O. Box 632	-	The Centre of	•
Tallahassee 1	FI 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nicholson Training, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 8/18/2020	and assigned
lorida document number L20000254194		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbrevision "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		-6 PP
		; <u>v</u> i
Inter new mailing address, if applicable:		· 4
Mailing address MAY BE A POST OFFICE BOX)		1.1
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records. enter th	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter t torida street address	
	, Flor	
	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 complete provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limit 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>	<u>Address</u>	Type of Action
AMBR	Glen Nicholson	6058 Seminole Gardens Cir Palm Beach Garden	s, FL 3 ■Add
			□Remove
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			□Add
			Remove
			Remove
			31 Si Add
		 	□Remove
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effective date; If other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the Defective date.	date of filing: t be specific and cannot be prior to date of fil ock does not meet the applicable statuto epartment of State's records.	ing or more than 90 days after fi ry filing requirements, this o	ling.) Pursuant to 605.020 date will not be fisted :
eord specifies a delayed effective filed.	e date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b)	The 90th day after th
October 5	2020		