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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
OUD IP CT	Network Cl	DL Training & Placement LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	1 Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	ı all correspo	ondence concerning this matter	to the following:	
		Noureddine Elotmani		
		-	Name of Person	
		Network CDL Training &	Placement LLC	
			Firm/Company	
		10311 Orangewood Boule	vard	
			Address	
		Orlando, FL 32821		
			City/State and Zip Code	
		NourMCO@gmail.com E-mail address: (to be used for future annual report n	otification)
For further in	nformation c	oncerning this matter, please c	·	,
Noureddine	Elotmani		321 689-1118	
· · · ·	Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a	a check for th	he following amount:		
□ \$25.00 I	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)
Re	iling Addres gistration S	Section	Street Address: Registration S	Section
	vision of C D. Box 632	Corporations 27	Division of C The Centre of	
	llahassee, l			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Network CDL Training & Placement LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11-25-2020 _____ and assigned Florida document number L20000371872 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10311 Orangewood Boulevard Enter new principal offices address, if applicable: Orlando, FL 32821 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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
AMBR	Noureddine Elotmani	10311 Orangewood Boulevard, Orlando FL 32821	□Add
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an effective da lote: If the d	ite is listed, the da ate inserted in	an the date of f ate must be specific this block does r the Department	c and cannot be p not meet the app	olicable statutor	g or more than 90 y filing requiren	(optional) days after filing.) F nents, this date w	dursuant to 605.0207 (ill not be listed as t
	ies a delayed e	ffective date, but	not an effectiv	e time, at 12:01	a.m. on the earl	ier of: (b) The !	90th day after the
record specifi I is filed.							
i is illed.	ber 11th		2020				
Decemb	ber 11th		, 2020	<u> </u>			
Decemb		Signature of	-,	Thorized represer	ntative of a membe	थ	