L21000114139

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

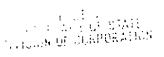
Tallahassee, FL 32314

TO:	Registration So Division of Cor	ection porations		
SUBJEC	7/37	CPR Training LLC.		
SUBJEC		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Chamika L. Campbell		
			Name of Person	
		La' Shays CPR Training ,	LLC.	
			Firm/Company	
		1361 Overlea St		
			Address	
		Clearwater, Fl. 33755		
		campbellchamika@gmail.c		
For furthe	er information c	e-man address: (oncerning this matter, please c	to be used for future annual report r	otification)
	L. Campbell	g , , , , , , , , , , , , , , , ,	727 831-0267	
_	Name of	Person	at () Area Code Dayı	time Telephone Number
Enclosed	is a check for th	c following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Address Registration S		Street Address: Registration S	Section
I	Division of Co	orporations	Division of C	
	P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR 12 副11:46

LA'SHAYS CPR TRAINING, 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 Compa	ny were filed on $\frac{3/10/2021}{}$	and assigned
Florida document number L21000114139			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A		· 	
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered offic	e address on our records,	enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street	address
			_, Florida
		Cuty	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 = M $AMBR = A$	lanager uthorized Member	·	n in in The Young The late is	GARANI SALLE ALUE	
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 APR 12	1411: 46	Type of Action
MGR	Chamika L. Campbell	1361 Overlo	ea St. Clearwatei	r FI 33755	≅ Add
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					□Clange
			<u>. </u>		□Remove
					□ Change
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					□ Change

etive date, if other than the date of filing: N/A (optional) filective 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 64: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be him or specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aftitled. 324 2021 Signature of a member or authorized representative of a member					sheets, if necessa	
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Signature of a member or authorized representative of a member	ــــــــــــــــــــــــــــــــــــــ					