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(Re	equestor's Name)
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		05/18/21 Tm

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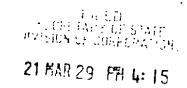
COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	11 About I	Caning ? Sca	reenings UC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Terry	Name of Person	Sr.
		Firm/Company	
	127	NW 36th S	ST
	OKee	City/State and Zip Code	34972
	E-mail address: (Dakburn @ allab	auttrainingscreenings con
For further information c	concerning this matter, please ca	all:	
Keller B Name o	of Person	at (803) 533 Area Code Daytim	- 3405 ne Telephone Number
Enclosed is a check for the	he following amount:		
13 \$25.00 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ALL ABOUT TRAINING - SCREEN IN 45 U

	> 11-71
The Articles of Organization for this Limited Liability Company	were filed on 3 - [1 - 2] and assigned
Florida document number <u>L21 000 117 4 70</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	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)	127 NW 36th ST
	Okeechober, H 34972
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	127 NW 36th ST
	Okechober, Fr 34972
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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:

| Control of Contr

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMER	Bridgett Williams	34 22 NW 28th Ave	_ CIKdd
	-	34 22 NW 28th Ave Okerchober, 76 34972	□Remove
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	it be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ited 3 – 24	MALL SI

Filing Fee: \$25.00