Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383	ALLASA	1 MAY 20	
From:	Account Name : FASTKIT CORP Account Number : I201000000009 Phone : (305)599-0839 Fax Number : (305)592-9591	OF STATE SSEE, FL	8차가 보신	

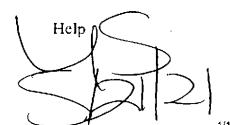
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIVERSAL TRAINING CERTEFIER LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNIVERSAL TRAINING CERTEFIER		
(Name of the Limited L. (A F	ability Company as it now appears on our record onda Limied Liability Company)	b)
The Articles of Organization for this Limited Liabili	ity Company were filed on 04/13/2021	and assigned
Florida document number L21000171484	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	(c 23
UNIVERSAL TRAINING CERTIFIED LLC		TO 22
The new name most be disanguishable and contain the words	"Limited Liabüity Company," the designation "LLC	" or the abbreviation "Lil. C."
Enter new principal offices address, if applicable	:	2 2 1
(Principal office address MUST BE A STREET A	DDRESS)	
		191.5
		ATE 48
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BQ)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter</u> ere:	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	rs .
		orida
_	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		

Title	<u>Name</u>	Address	Type of Action
			⊡Add
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Typed or printed name of signee