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SEGRETANY OF STATE
TALLAHASSEF

A. BUTLER APR 1 9 2022

COVER LETTER

TO:	Registration Se Division of Cor		<i>‡</i>	j			
	RATRAINI	NGTLC					
SUBJI			ted Liability Company				
		Amendment and fee(s) are sub-					
	·	NATYBETH BLANCO					
			Name of Person				
		RATRAINING LLC					
			Firm/Company				
		5833 S GOLDENROD RO	AD SUITE B				
			Address				
		ORLANDO, FL 32822					
			City/State and Zip Code				
		USTUEMPRESA@GMAII					
			to be used for future annual report not	(Hication)			
For fu	rther information c	oncerning this matter, please ca	all:				
NATY	BETH BLANCO		786 340-0372 at ()				
	Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclos	sed is a check for the	ie following amount:					
≡ \$3	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 9	Section	Street Address: Registration S				
	Division of C P.O. Box 632	-	Division of Ce The Centre of				
Tallahassee 14 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

(Name of the Limited Liability Company as it now appears on our records.) RATRAINING LLC (A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 04/23/2021 LAHASSEE, FL and assigned Florida document number 1.21000191099 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST_BE A STREET ADDRESS) NA 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: NA Name of New Registered Agent: NA New Registered Office Address:

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.

NA

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	RAFAEL J AGUANA NUNEZ	18117 BUSCAYNE BLVD #3112	= Add
		AVENTURA, FL 33160	□Remove
			□Change
NA	NA	NA	□ Add
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Page 2 of 3

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	ed MARCH 31TH	. 2022	· · ·		
Signature of a member or authorized representative of a member					
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