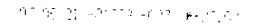
KZ1000289313

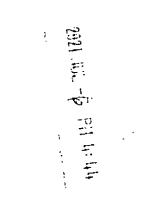
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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7/2/1

COVER LETTER

TO: Registration So Division of Con					
	EPING TRAINING, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	ROBERT E. CLARK				
		Name of Person			
	Robert E. Clark, LLC				
		Firm/Company			
	6800 MALONEY AVE, L	от н			
		Address			
	KEY WEST, FL 33040				
		City/State and Zip Code			
	2003nc@gmail.com				
		to be used for future annual report notifi	cation)		
For further information (concerning this matter, please c	all;			
ROBERT E. CLARK		305 833-6766 at ()			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$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 Addre Registration	Section	Street Address: Registration Sec			
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOOKKEEPING TRAINING, LLC	="		
(<u>Name of the Limit</u>	<mark>ed Liability Co</mark> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Li	ability Comp	any were filed on _06/22/2021	and assigned
Florida document number L21000289313		<u> </u>	
his amendment is submitted to amend the follo			
If amending name, enter the new name of	the limited l	iability company here:	
BOOKKEEPING TRAINER, LLC			
he new name must be distinguishable and contain the w	ords "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A	
Principal office address MUST BE A STREE		<u></u>	
-			
			
Inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)		
			
3. If amending the registered agent and/or re	gistered offi	ce address on our records, enter the	e name of the new regis
gent and/or the new registered office address	s here:		
			2021 JUL
Name of New Registered Agent:	N/A		
New Registered Office Address:			5
		Enter Florida street address	3
		, Flori	da ; =
		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
			□Remove
			Change
			□Add
			Remove
			Change
			□Remove
			□Add
			☐Remove
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fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on the	e must be specific a iis block does not	nd cannot be prior meet the applic	able statutory fili	nore than 90 days	ptional) ther filing.) Pursuar this date will not	nt to 605.020 be listed a
ecord specifies a delayed effi is filed.	ective date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of	(b) The 90th d	ay after th
ted JULY I.		2021				·
L.						
	Colut E	alak_	rized representative			

Filing Fee: \$25.00