Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone

: (407)841-1200

Fax Number

: (407)423-1831

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

Email Address: montaldo.bh@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAR TRAINING ACADEMAY, LLC

Certificate of Status	0
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JAN 3 - 2022

S. PRATHER

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H210004709

Fax: (850) 617-6383

	OF	27 0
		FILE
JAR TRAINING ACADEMAY, LLC		
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
		<u> </u>
The Articles of Organization for this Limited Liabili	ty Company were filed on December	ber 16, 2021 and assigned
Florida document number L21000527156		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
JAR TRAINING ACADEMY, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u> .	
Midding address MAT BE AT 03T OFFICE BOX	<u> </u>	
	<u> </u>	
B. If amending the registered agent and/or regist	tered office address on our record	ls, enter the name of the new registere
agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sti	ceet address
	APPEND A 1507 BARK 1117	
-	City	, Florida Zip Code
	\y	r · · · ·

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 Changing Registered Agent, Signature of New Registered Agent

From: Leslie Perryman Fax. 14078411200

To:

Fax: (850) 617-6383

Page: 3 of 4 12/29/2021 9:55 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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