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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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LAM USA TRAINING, LLC

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T. LEMIEUX

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HeldUL 15 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

)

Lam USA Training, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/09/22 and assigned Florida document number L22000068187 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 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 a 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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	MORAES DA SILVA, LUIS A	RUA QUARENTA E OITO, 895, APT.	<u>504</u> □Add
		RECIFE, PE 08465-310 BR	iXRemove
			□Change
AMBR	MORAES DA SILVA, LUIZ A	RUA QUARENTA E OITO, 895, APT.	5 <u>04</u> (XAdd
		RECIFE, PE 08465-310 BR	□Remove
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			🗆 Remove
			□Change

Note: If	tive date, if other than the date of filing:
e record : ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th i.
Dated _	July 14
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00