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| Special Instructions to Filing Officer: |
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| SUBJECT | : | ycle Safety Training LLC Name of Lim | ited Liability Company | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retur | m all correspo | ondence concerning this matter | to the following: | |
| | | Lori Moore | | |
| | | | Name of Person | |
| | | Cape Corlal Accounting Se | ervice Inc | |
| Firm/Company | | | | |
| 3501-212 Del Prado Blvd South | | | | |
| | | | Address | |
| | | Cape Coral Florida 33904 | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | lmoore@capecoralaccounti | ng.com to be used for future annual report n | vitification) |
| For further | information c | oncerning this matter, please c | · | othenony |
| Lori Moore | : | | 239 542-2558 at () | |
| | Name o | f Person | Area Code Day | time Telephone Number |
| Enclosed is | a check for the | ne following amount: | | |
| ■ \$25.00 | Filing Fee | S30.00 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) |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 15 AM 11: 34 (Name of the Limited Liability Company as It now appears on our records.)

(A Florida Limited Liability Company)

TALL AHASSEE, FL A+ Motorcycle Safety Training LLC The Articles of Organization for this Limited Liability Company were filed on $\frac{05/24/2022}{}$ _ and assigned Florida document number L22000241893 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A plus Motorcycle Safety Training LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| in effective date is listed, the date n | he date of filing: nust be specific and cannot be prior to date of f | filing or more than 90 days after fil | ing.) Pursuant to 605.02 |
| | block does not meet the applicable statut Department of State's records. | tory ming requirements, this d | ate with hot be histed h |
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| ecord specifies a delayed effec is filed. | tive date, but not an effective time, at 12: | (b) a.m. on the eartier of: (b) | i ne yuth day after th |
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| | Ramona Argenal Jun-06 2022 Signature of a member or authorized repre | scantative of a member | |

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