L23000017073

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





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COVER LETTER

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations				
OHD IF CT	CERTIFICATION CENTER					
SUBJECT:		Name of Limited Liability Company				
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		FRANCISCO J COLON				
	Name of Person					
	CERTIFICATION CENTER, LLC					
	Firm/Company					
	8620 S ORANGE BLOSSOM TRL					
Address						
		ORLANDO, FL 32809			2027	
			City/State and Zip Code		2023 FEB 17	
		ADMIN@CERTIFICATIO		:		
		E-mail address: (to be used for future annual report notification)	· .;		
For further in	nformation co	oncerning this matter, please c	all:	ا برنائیا زمان	PH	
FRANCISCO J COLON			407 250-1530	된	1: 03	
Name of Person			Area Code Daytime Telephone N		•	
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 J	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Statu ertified Copy lditional copy is encl		
Re	iling Addres	Section	Street Address: Registration Section			
Division of Corporations		orporations	Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CERTIFICATION CENTER, LLC		
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L23000017073}{L23000017073}$.	were filed on January 9, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8620 S ORANGE BLOSSOM TRL	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32809	2023 1
Enter new mailing address, if applicable:	8620 S ORANGE BLOSSOM TRL	5
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32809	
		* 03
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:	.	
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRANCISCO J COLON	1333 LAKE BALDWIN LN 113	≡ Add
		ORLANDO, FL 32814	□Remove
		- AM-V-Fà	□Change
DPST	FRANCISCO J COLON	1333 LAKE BALDWIN LN 113	□Add
		ORLANDO, FL 32814	■ Remove
			□Change
			CDAddi Reembye
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change