## L23000266514

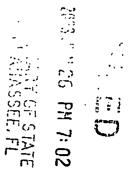
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Special Instructions to Filing Officer:

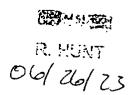
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor		werk.		
TRAIN2W	IN LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael Martin			
	•	Name of Person		
	TRAIN2WIN LLC			
		Firm/Company		<b>(%)</b>
	7050 W Pałmetto Park Ros	ad Ste 15-427		
	<del></del>	Address		ر د
	Boca Raton, Fl. 33433		35.0 7.00 7.00 7.00	2031 11 26 PH <b>7: 02</b>
		City/State and Zip Code	in co	
	train2winllc@gmail.com			: 02
For further information of	E-mail address: (	to be used for future annual report noti	incation)	10
Michael Martin		561 3059067		
Name o	f Person	at () Area Code Daytim	e Telephone Number	_
Enclosed is a check for t	he 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 land Certificate of Certified Copy (additional copy)	Status & y
Mailing Address: Registration Section		Street Address: Registration Sec	ction	
Division of Corporations		Division of Cor	porations	
P.O. Box 632		The Centre of T		
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAIN2WIN LLC					
(Name of the Lim	ted Liability Compa (A Florida Limited l	nny as it now appears on our l Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number <u>L23000266514</u>	iability Company	were filed on <u>6/12/2023</u>		_ and ass	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:		<del></del>	<del>-</del> _
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbr	eviation "L.	L.C."
Enter new principal offices address, if appli	cable:	8347 Garden Gate Place			
(Principal office address MUST BE A STRE		Boca Raton, FL. 33433	-	293	
			320 V. 1		·,
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			Sign Sign Sign Sign Sign Sign Sign Sign	26 F	-
			E. P.	-i-	ر <u>ت</u> 
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:	address on our records, g	enter the name	of the nev	v regis
Name of New Registered Agent:	Sharon Silver				
New Registered Office Address:	8347 Garden G		<del></del>	<del></del>	
		Enter Florida street	address		
	Boca Raton	ZY	_, Florida	3	
		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 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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being a or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Actio
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			□Remove
			□Change
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Filing Fee: \$25.00