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2023 AUG 21 MM ID: 34

SECRETARY OF STATE
TALLAMASSEE

COVER LETTER

TO: Registration Sec Division of Corp			•		
SUBJECT: \all	res PerfolMance Name of Lim	TRUINING LL C			
The enclosed Articles of A	smendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Alferd \	ATES Name of Person			
				2023 AUG 21 SECRETARY TALLAHAS	451
		Firm/Company		T AI	-
	513 SI	N Halkell Ave	<u> </u>	RY OF HASSEE	1
	PSC FL	34953 City/State and Zip Code		AM IO: 34 OF STATE SEE, FL	
	Yales Ree For E-mail address: (marce a qual Co	fication)		
For further information co	ncerning this matter, please c	all:			
Alfaed Y Name of	ave S Person	at (<u>172</u>) <u>359 - (</u> Area Code <u>Daytim</u>	6 Telephone Number	_ 	
Enclosed is a check for the	e following amount:				
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	
Mailing Address		<u>Street Address:</u> Registration Sec	otion		
Registration S		Negistration Sec			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vales Pe	formance Training UC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L23000325</u>	oility Company were filed on $\frac{7/10/23}{489}$.	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	2023 SEC
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	he abbreviation "E.C."
Enter new principal offices address, if applicab	te:	12 N pm
(Principal office address MUST BE A STREET)	ADDRESS)	SSEE.FL
Enter new mailing address, if applicable:		16 4
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, enter the interest	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	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 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

Title Name Address Type of Action

MGR Alfred Yales 513 SW Halkell AUE WAdd

PSL, FL, 34953 PRemove

Change

AMBR Rashawn Yales 513 SW Halkell AUE PACK

PSC, FL, 34953 PREMOVE PACK

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F. Continue	date, if other than the date of filing: (optional)	
If an effect	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	t to 605.020
document	's effective date on the Department of State's records.	De listed a
e record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date	ay after th
Dated	8-15-23	
	V V V V V V V V V V V V V V V V V V V	

Filing Fee: \$25.00